,	8 ⊠	Yes	pendent child	abilities of a spouse or de le Committee on Ethics.	ie, transactions, or li	arned" incom ss you have f	er assets, "une wer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPT because to
	N <sub>O</sub>	Yes 🔲	ot be	"excepted trusts" need no	cs and certain other spouse, or a deper	nittee on Ethi ting you, you	d by the Comr	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS- disclosed.
•	Ŵ	NOLLSAN	)F THESE (	NSWER EACH O	MATION - A	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	XCLU
		esponse.	each "Yes" re	edule attached for each "Yes" response	appropriate sch	and the	e answered	Each question in this part must be answered and the appropriate sched	
	<b>₹</b>	Yes 🔲	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive a single source in the fir yes, complete an		Yes 🔀	iII. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you able liability If yes, com
	<b>₹</b>	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and	<b>8</b> □	Yes	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, income of n reportable a ff yes, com
	<b>₹</b>	Yes	pefore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any of filing in the currer if yes, complete an	No O	Yes	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.	I. Did you of \$20 if yes, com
				S	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWE	RELIN
,							i I	In all sections, please type or print clearly in blue or black ink.	in all section
	assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A <i>\$200 penalty</i> shall b against any individual more than 30 days late	Check if Amendment	2012	Date of Election:	)	Candidate for the House of Representatives District:  New officer or employee Employing Office:	Filer Status
	ATIVES C	Office Use Only)	0.3. m00SE (C						
6	ECENTER 121	2012 MAY -4 PM 1:21	2012 M		Daytime Telephone:	Daytime		Lee A. Bres	Name:
	EGBLE	POSTMARK ILLEGIBLE	POSTN	<b>FORM B</b> For use by candidates and new employees	<b>FO</b> For use by candidat	:	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2の12、アでものナ	UNITED FINANCE Period of

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page Cof

exceeding \$1,000. See examples below.
more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social S	Security Act.
Course discharge appoint for honoragin	Time	Amount	unt
<b>Source</b> (include date of receipt for Honoraria)	- 400	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
Catell Hustington Hospital	Solary	1416,987.48	
Cebell Hundington Hospital	Speir Selvy	19,519,53	
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#### SCHEDULE III — LIABILITIES

Name Lee A. Bras

Page of

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

			Sφ		SP, DC, JT
		Book of America	Chase Marts-se Render	Example: First Bank of Wilmington, DE	Creditor
			Spor	May 1998	Date Liability Incurred mo/year
	,	Revolus Credit / Codif co	Spor Mr sex/Chave Midge	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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#### **SCHEDULE IV — POSITIONS**

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

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		Position	and positions solely of all floriolarly flattile.
		Name of Organization	alule.

### SCHEDULE V — AGREEMENTS

Name Page —— of ——

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

F.	Date	Parties To	Terms of Agreement

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)	Brief Description of Duties
_	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
	•	
		•