

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

**HAND
DELIVERED**

Burgess, Michael C

(Full Name)

202-225-7772

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER
2012 JUL -8 PM 4:16
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: TX District: 26	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Termination Date:			

Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
--------------------	---	------------------------------------	--------------------------------------

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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? <i>If yes, complete and attach Schedule I.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? <i>If yes, complete and attach Schedule II.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? <i>If yes, complete and attach Schedule VII.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. 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? <i>If yes, complete and attach Schedule III.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? <i>If yes, complete and attach Schedule VIII.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <i>If yes, complete and attach Schedule IV.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <i>If yes, complete and attach Schedule V.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- 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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Burgess, Michael C

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or 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 exceeding \$1,000.

Source	Type	Amount
NORTHWESTERN MUT LIFE ANNUITY (Self Directed IRA)	IRA	\$30,249.47
Self/World Net Daily	Publishing Contract	\$4,328.84

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Burgess, Michael C

Page 3 of 8

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p>	<p>At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Please see attached pages 2A and 2B.				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME						Page 2A
SP, DC, JT	ASSET and/or INCOME SOURCE	YEAR END VALUE OF ASSET	TYPE OF INCOME	AMOUNT OF INCOME	TRANSACTION	
	LAKE POINT MEDICAL REALTY GP, LLC	\$1 - 1,000	PARTNERSHIP INCOME	\$1 - 200		
	LAKE POINT MEDICAL REALTY LTD	\$100,001 - 250,000	PARTNERSHIP INCOME	\$1,001 - 2,500		
	DALE OPERATING GAS LEASE	NONE		NONE		
	TITAN OPERATING GAS LEASE	NONE	ROYALTIES	\$15,001 - 50,000	P	
JT	74.845 ACRES LAMAR COUNTY, TX	NONE	NONE	NONE	S	
	5 ACRES TALKETNA, AK NOTE RECEIVABLE	\$1,001 - 15,000	INTEREST/CAPITAL GAINS	\$1,001 - 2,500		
	1 ACRE 1831 CROW ST., DENTON, TEXAS	NONE	CAPITAL GAINS	\$1,001 - 2,500	S	
	4637 MANHOE DR, FT. WORTH, TEXAS	\$50,001 - 100,000		NONE		
	2.5 ACRES HARBOR SOUTH, ARKANSAS	\$15,001 - 50,000		NONE		
	Note Receivable: Wise Co Prop, Lewisville, TX	\$1,001 - 15,000	NONE	NONE		
	COMPASS BANK	\$1,001 - 15,000	INTEREST	\$1 - 200		
	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	\$1,001 - 15,000	INTEREST	NONE		
	FIRST SECURITY BANK ACCOUNT	\$15,001 - 50,000	INTEREST	\$1 - 200		
	NORTHWESTERN MUT LIFE INS CO	\$1 - 1,000	DIVIDENDS	\$1 - 200		
SP	METLIFE	\$1,001 - 15,000	DIVIDENDS	\$1 - 200		
	BANK DEPOSIT SWEEP COMBINED	\$1,001 - 15,000	INTEREST	\$1 - 200		
	ALCATEL LUCENT ADS	\$1 - 1,000	DIVIDENDS	NONE		
	CISCO SYSTEMS INC	\$1 - 1,000	DIVIDENDS	\$1 - 200		
	GENERAL ELECTRIC	\$1,001 - 15,000	DIVIDENDS	\$1 - 200		
	ISHARE DJ US TFCM SCT IDX	\$1 - 1,000	DIVIDENDS	\$1 - 200		
	LIMITED BRANDS	\$1,001 - 15,000	DIVIDENDS	\$1 - 200		
	MICROSOFT	\$1 - 1,000	DIVIDENDS	\$1 - 200		
	PFIZER	\$1,001 - 15,000	DIVIDENDS	\$1 - 200		
	UNITED PARCEL SERVICE	\$15,001 - 50,000	DIVIDENDS	\$201 - 1,000		
	GENWORTH VARIABLE ANNUITY PLUS	\$1 - 1,000	TAX DEFERRED	NONE		
SP	ALCATEL LUCENT ADS (Self Directed IRA)	\$15,001 - 50,000	TAX DEFERRED	NONE		
SP	AMERICA MOVIL SA DE CV (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
SP	BERKSHIRE HATHAWAY CL B (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
SP	PFIZER INC. (Self Directed IRA)	\$15,001 - 50,000	TAX DEFERRED	NONE		
SP	STRYKER CORP. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
SP	TELEFONOS DE MEXICO (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
SP	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
SP	MFS SERIES TRUST II - GROWTH FD (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	AT&T (Self Directed IRA)	\$15,001 - 50,000	TAX DEFERRED	NONE		
	ABBOTT LABS (Self Directed IRA)	\$15,001 - 50,000	TAX DEFERRED	NONE		
	AMERICA MOVIL SA DE CV (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	BERKSHIRE HATHAWAY CL B (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	CIGNA CORP. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	WALT DISNEY CO. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	FORD MOTOR CO. (Self Directed IRA)	\$1 - 1,000	TAX DEFERRED	NONE		
	GENERAL ELECTRIC (Self Directed IRA)	\$1 - 1,000	TAX DEFERRED	NONE		
	HOSPIRA INC. (Self Directed IRA)	\$1 - 1,000	TAX DEFERRED	NONE		
	INTEL CORP. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	IBM CORP. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	ISHARES TREAS INFLATION PROT SECS (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	MEDCO HEALTH SOLUTIONS (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		
	MERCK AND CO. (Self Directed IRA)	\$1,001 - 15,000	TAX DEFERRED	NONE		

[illegible]

SCHEDULE IV - TRANSACTIONS

Name Burgess, Michael C

Page 4 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Please see attached 3A				

3A

[illegible]

SCHEDULE V - LIABILITIES

Name Burgess, Michael C

Page 5 of 8

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 owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America	FEB 2000	Mortgage on 4637 Ivanhoe, Ft Worth, Texas	\$15,001 - \$50,000
JT	Wells Fargo Bank	May 2006	Mortgage on personal residence, Lewisville, Texas (Paid off in 2011)	\$50,001 - \$100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Burgess, Michael C

Page 6 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Alliance for Health Reform funded by a grant by the Commonwealth Fund	Jan 15-17	DC-Ft Lauderdale-Dallas/Ft Worth	Y	Y	N	0 days

SCHEDULE VIII - POSITIONS

Name Burgess, Michael C

Page 7 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustee (Retired Member)	Medical Center of Lewisville, Texas

SCHEDULE IX - AGREEMENTS

Name Burgess, Michael C

Page 8 of 8

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.

Date	Parties To	Terms of Agreement
October 2010- Present	Self/World Net Daily	Publishing Contract