Ž		a spouse or dependent child Yes tee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or d because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION — Have you exclude because they meet all three tests
ڷؙؚ	<u>₹</u>	not be Yes	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 a dependent child?	TRUSTS — Details regarding "Qua disclosed. Have you excluded fron
	SNOIT	OF THESE QUES	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUS
	.	ttached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for	Each question
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ĬŬ _≅	\$5,000 from Yes	ent child have any report- g the reporting period? Yes No No No No YI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yee, complete and attach Schedule VI.	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.
Ġ	<u>8</u>	rangement Yes	ont child receive "unearned" V. Did you have any reportable agreement or arrangement with an outside entity? No II Hyes, complete and attach Schedule V. If yes, complete and attach Schedule V.	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.
Ů	<u>₹</u>	Yes	d" income (e.g., salaries or in the prior two years? No III you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yea, complete and attach Schedule IV.	Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yee, complete and attach Schedule I.
			ATION - ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
			learly in blue or black ink.	in all sections, please type or print clearly in blue or black ink
ssed files	ill be assessed dual who files late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	the State: Date of Prince Check if Election.	Filer Candidate for the House of Representatives Status New officer or employee
	Only)	(Office Use Only)		
OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	OF U.S. HOL		SUSAUW. Brooks Daytime Telephone	Name: Susau
Page 1 of	Page 1 of LEGISLATI		UNITF STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, 2011 - May 15, 2012- Period covered: January 1, 2011 - May 15, 2012- For use by candidates and new employees	UNITE STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - May
				-

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Namo Susanw. Brooks

Page 2 of 8

2000 or
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 sever 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. See examples below.
Euristic Million, pay (each or Notional Guard or Desants new) federal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits		received under the Social Security Act. Amount	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_	Director's Fee	\$400	\$3,200
EXAMPIES: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA.	NA
I'm Tech Community College Indiana	polista) Salary	17,250	201,978
West 7 mot Access & Outread Havisan Chuncil Tomoit To	runial brunchte	9	4,000
Brooks, Koch & Sora	Snouse Salaut	40, 400	198,503
	0		

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 9 please refer to the instruction booklet. For a detailed discussion of Schedule III requirements the optional column on the far left. the Thrift Savings Plan. ing \$5,000 or less in personal checking or savings For an ownership interest in a privately-held business that is not publicly traded, state the name of the busiplans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the speidentify (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 derived from, a federal retirement program, including homes and vacation homes (unless there was Exclude: Your personal residence, including second location in Block A. provide a complete address. For rental or other real property held for investment, provide only the name of the institution holding the For retirement accounts which are not self-directed in the account that exceeds the reporting thresholds For all JRAs and other retirement plans (such as 401(k) (do not use ticker symbols). Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year. socounts; and any financial interest in, or income ncome during the reporting period); any deposits totalness, the nature of its activities, and its geographic account and its value at the end of the reporting period bific investments), provide the value for each asset held reportable asset or sources of Income which generated Examples. VanSward Short Lumbed Asset and/or income Source my as fundamental Amount Statusic Allocates and through and SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts BLOCK A None ➣ "None." reporting year and is included only because it generated method used. market value, please specify the of reporting year. If you use a valuation method other than fair income, the value should be If an asset was sold during the Indicate value of asset at close \$1 - \$1,000 0 \$1,001 - \$15,000 O indefinite \$15,001 - \$50,000 O Value of Asset \$50,001 - \$100,000 m BLOCK B × П \$100,001 - \$250,000 \$250,001 - \$500,000 Ģ I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Ė Over \$50,000,000 NONE × allow you to choose specific reinvested, must be disclosed as income. Check "None" if the est, and capital gains, even if deferred income (such as 401(k) investments or that generate taxthe reporting period asset generated no income during plans or IRAs), you may check the Check all columns that apply. For None" column. Dividende, Inter-× DIVIDENDS × RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 = \$201 - \$1,000 = Current Year ₹ \$1,001 - \$2,500 below. Dividends, Interest, and capital closed as income. Check "None" if no gaine, even if reinvested, must be disincome by checking the appropriate box For all other assets, indicate the category of or IRAs), you may check the "None" column. ate tax-deferred income (such as 401 (k) plans to choose specific investments or that gener-For retirement accounts that do not allow you ncome was earned or generated XI IIIV IIV IV $\times \times$ \$2,501 -- \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D × Over \$5,000,000 None \$1 - \$200 = \$201 - \$1,000 Ξ × Preceding Year \$1,001 - \$2,500 X V VI VIIVIII X \times i \times \$2,501 - \$5,000 \$5,001 -- \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ×

Over \$5,000,000

×

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Superior Dustrano

Continuation Sheet (if needed)

8 <u>8</u> Ξ Asset and/or income Source BLOCK A None 8 \$1 - \$1,000 \$1,001 - \$15,000 O \$15,001 - \$50,000 0 Value of Asset ш \$50,001 - \$100,000 BLOCK B T \$100,001 - \$250,000 \$250,001 - \$500,000 G \$500,001 - \$1,000,000 ľ \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 <u>_</u> \$25,000,001 - \$50,000,000 ᄌ Over \$50,000,000 NONE **DIVIDENDS** RENT Type of Income INTEREST **CAPITAL GAINS** BLOCK C **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 叉 \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D Over \$5,000,000 × None \$1 - \$200 Ξ \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 X V V VI VII VIII IX \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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attorn's Lavesbe, Lie	st echeuk anusotrs	Manual Manager	Heron The Love Deut	ooks kaan Song H	darring on the	wolcombev. Maylor	MCD FDS PACINIT	in andors priming			Asset and/or Income Source	BLOCK A	SCHEDULE II — ASSETS Continuation Sheet (if needed)
7	W		\$7.00 F		NO PORTION		4))	None \$1 - \$1,000 \$1,001 - \$15,000	А В С	rce		
	X	X X	×	*			X		\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000	D E F G	Value of Asset	вгоск в	VEARNE
		• •	>	Κ					\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ר ב ב	sset	6	AND "UNEARNED" INCOME
	< P.	* *	~ ,	< ×	*	~	7	*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS		Туре	œ	ā
									EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Incomor Farm Income)	10	Type of Income	BLOCK C	
S			×		$\overline{}$	X			None =				Name
	×	××		>			×	×	\$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$50,001 - \$100,000 \(\equiv \) \$\\ \$50,001 - \$100,000 \(\equiv \) \$\\ \equiv \]	Current Year			TOTAL
				<					\$15,001 - \$50,000 \(\leq\) \$50,001 - \$100,000 \(\leq\) \$100,001 - \$1,000,000 \(\times\) \$1,000,001 - \$5,000,000 \(\times\) Over \$5,000,000 \(\times\)	Year	Amount	вгс	wand was
7		× ×			×	~	*	×	None — \$1 - \$200 =	Рге	Amount of Income	BLOCK D	26
			×,	×					\$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$15,001 - \$50,000 \(\equiv \) \$50,001 - \$100,000 \(\equiv \) \$100,001 - \$1,000,000 \(\equiv \)	Preceding Year			Page
									\$100,001 - \$1,000,000 \(\overline{\times}\) \$1,000,001 - \$5,000,000 \(\times\) Over \$5,000,000 \(\times\)	ar 		·	(8 P

SCHEDULE III — LIABILITIES

Name Susamw. Brooks

Page C of S

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 sibowed 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 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

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		_	Ø	Example: First Bank of Wilmington, DE	Creditor		
				May 1996	Liability incurred mo/year	Date	
				Mortgage on 123 Main Street, Dover, DE	Type of Liability		
					\$10,001— \$15,000	٧	
			<u> </u>		\$15,001— \$50,000	8	
				L	\$50,001 \$100,000	ဂ	
 			<u> </u>	×	\$100,001 \$250,000	0	Amou
	<u> </u>			Ļ	\$250,001— \$500,000 \$500,001—	[F]	101
_		-	_	lacksquare	\$1,000,001— \$1,000,001—	TI .	Amount of Liability
			-	╂	\$5,000,000 \$5,000,001—	0	۲
			 	-	\$25,000,000 \$25,000,001-		
	ı	l	(\$50,000,000		ı

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.

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

Position	Name of Organization
Board Member	Induara Unwersity Sound of Sound Ind pls. Board of Vill
Board Mandel	St. Viment therested - Inditroperis
Board Member	aniarus Museum of Indianapolis
Board Member	Women's two of Central Troused
minum proof	Indiana Voute Smottlite

board Member Goard mamber "Hourd Momber Doard Member Found Mamber board member Board Member Schadule IV-Positions Position Advisory Council Monder Co/Chair Color American Silabourganian Silabourgan I roliana Commission on Careery Tachnus Coline. Superboul 2012 Host (orinative bolinates Indiana Health Snawty Frum (Septement NOAT WIRMEND that town townsment-2011 I what State Wonferee Threatment Council Carmel Clay Rubai (ibrory Foundation textoint Figures rand CINX (commission and 7/11)

TUPLIT PUBLIC TO (Cy Tustitude) Name of Organization Susan without page 7098 (11/1 banquage) (resigned 7/11)

		Name Susul W. Brooks Page Sot &
CHEDULE V -	SCHEDULE V AGREEMENTS	
Identify the date, pa service; continuation efft plan maintained	Identify the date, parties to, and general terms of any agreement or arrange service; continuation or deferral of payments by a former or current employe efft plan maintained by a former employer.	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
	P	
CHEDULE VI -	SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	, DUD PAID BY ONE SOURCE
Report sources of some clients and custon a fee or payment of recognized by law. I	Report sources of such compensation received by you or your business affil of clients and customers of any corporation, firm, partnership, or other busing the or payment of more than \$5,000. Exclude: Payments by the U.S. Go recognized by law. Do not repeat information listed on Schedule I.	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 1.
S	Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones	Doe Jones & Smith, Hometown, Homestate	Accounting services
	-6	