	No S	S. Yes	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.	sets, "unearned" inc	Exemptions Have you excluded from this report any other as because they meet all three tests for exemption	
	No 🗸	Yes 🗌	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?	wed by the Committe details of such a trust	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your s	
		SNOI	TION ANSWER EACH OF THESE QUESTIONS	JST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	ا ا
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	priate	nd the appro	Each question in this part must be answered and the appropriate	Yes No	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 IX.		If yes, complete and attach Schedule IV.	_
	⋖	Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting	
			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	 8 €	in the Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	
	₹	or Yes	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No	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?	=
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	No (Yes	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)?	Yes 🗸 No 🗍	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-
			UESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	
	uays	inore (iian 30 days late.	1/2/2013	(☑) Termination	Type Annual (May 15) Amendment	
	les	anyone who files	Termination Date)		$\overline{}$
VitVES	Shall against	U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against	Officer Or Employing Office: A b	O	Filer Member of the U.S. State: AR House of Representatives District: 04	
7	Only)	(Office Use Only)	(Daytime Telephone)		(Full Name)	
SENTER 27	RESOURCE C	2013 JAN PM : 27			Michael Avery Ross	
						7
	JAN 03 2013	JAN C	FORM A Page 1 of 8 For use by Members, officers, and employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	
						1

FARNED INCOME

	Name Michael Avery Ross		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.	(other than the filer's current employment d amount of any honoraria; list only the so	t by the U.S. Government) totaling \$ burce for other spouse earned inco	\$200 or more me exceeding
Source	Туре	Amount	

Super D Drugs Acquisition Co, Pine Bluff, Spouse Salary AR

Cantrell Drug Company, Little Rock, AR

Spouse Salary

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N/A

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Michael Avery Ross	very Ross		Page 3 of 8
ij	BLOCK A	ВLОСК В	вгоск с	BLOCK D	BLOCK E
ASS Identify (a) eac value exceedin reportable ass. "unearmed" inc	Asset and/or income Source 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 "unearmed" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that conerate tax-deferred income	Amount of Income 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	Iransaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in
Provide complete For all IRAs and (i.e.,plans in white Investments), pre reporting thresh only the name of reporting period.	Provide complete names of stocks and mutual funds (do not use ticker symbols.) 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.	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."	(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.	"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.	
For rental or of	For rental or other real property held for investment, provide a complete address.			g	
For an ownership in state the name of the location in Block A.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there v \$5,000 or less in, or income d Savings Plan.	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.				
If you so choos spouse (SP) or optional colum	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.				
JT	Bank of Prescott, Prescott, AR	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Bank of the Ozarks, Little Rock, AR	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Commercial Building, 114 East Elm, Prescott, AR, Leased to	\$15,001 - \$50,000	RENT	\$2,501 - \$5,000	
•	Super D Drugs Acquisition Co, Pine Bluff, AR				
	Fidelity Rollover IRA, McKesson Stock	None	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	PS
SP	Fidelity Rollover IRA, McKesson Stock	None	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	PS
	Fidelity Rollover IRA, Fidelity Value Mutual Fund	None	CAPITAL GAINS	\$2,501 - \$5,000	· .

SCHEDULE III - ASSETS AND "UNEARNED" INCOME
Name Michael Avery R
loss

SP Fidelity Rollover IRA, Fidelity Growth and Income Mutual Fund None **CAPITAL GAINS** \$5,001 - \$15,000 S Page 4 of 8

SCHEDULE IV - TRANSACTIONS

Name Michael Avery Ross

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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,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Fidelity Rollover IRA, McKesson Stock	S	Yes	01-27-12	\$15,001 - \$50,000
Sp	Fidelity Rollover IRA, McKesson Stock	S	Yes	01-27-12	\$1,001 - \$15,000
	Fidelity Rollover IRA, Fidelity Growth and Income Mutual Fund	8	N _o	01-25-12	\$15,001 - \$50,000
	Fidelity Rollover IRA, Fidelity Magellan Mutual Fund	S	No	01-25-12	\$50,001 - \$100,000
-	Fidelity Rollover IRA, Fidelity Diversified International Mutual Fund	S	N _o	01-25-12	\$1,001 - \$15,000
	Fidelity Rollover IRA, Fidelity Value Mutual Fund	S	Yes	01-25-12	\$1,001 - \$15,000
SР	Fidelity Rollover IRA, Fidelity Spartan International Index Investor Class Mutual Fund	S	N _o	01-25-12	\$15,001 - \$50,000
SP	Fidelity Rollover IRA, Fidelity Growth and Income Mutual Fund	S	Yes	01-25-12	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Michael Avery Ross

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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 mortgates on personal residences.

	JT Bank	JT Bank	JT JPMor	JT JPMor	SP, DC, JT
Chase Student Loans, Indianapolis, IN	Bank of Prescott, Prescott, AR	Bank of the Ozarks, Little Rock, AR	JPMorgan Chase Bank, Columbus, OH	JPMorgan Chase Bank, Columbus, OH	Creditor
January 2012 (Paid Off 7-	September 2012 (Paid Off 11-16- 12)	September 2012	February 2011 (Sold and Paid Off 11-16-12)	February 2011 (Sold and Paid Off 09-28-12)	Date Liability Incurred
Co-signed student loan with son	Personal Line of Credit Loan	Mortgage on 2 Marbais Pl, Little Rock, AR	Mortgage on 115 D Street, SE, Unit 102, Washington, DC	Mortgage on 416 Manor Road, Prescott, AR	Type of Liability
\$10,001 - \$15,000	\$100,001 - \$250,000	\$500,001 - \$1,000,000	\$100,001 - \$250,000	\$100,001 - \$250,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael Avery Ross

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spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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 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,

None	Υ	Y	Υ	Feb 18-25 DC-Taípei, Taiwan-DC	Feb 18-25	Fu Jen Catholic University, Taipei, Taiwan
ng Hi	Was a Family Pood? Member Included (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE IX - AGREEMENTS

Name Michael Avery Ross

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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
05-14-12	Southwest Power Pool, Little Rock, AR and Mike Ross	Letter of Intent to accept employment as Sr. Vice President for Government Affairs and Public Relations on or about January 7, 2013