

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

ALEXANDER GREEN

(Full Name)

202-225-7508

(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representatives
State: TX District: 9

Officer Or Employee
Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

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

**W HAND
DELIVERED**
(Office Use Only)

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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

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"/>

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U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE CENTER

SCHEDULE I - EARNED INCOME

Name ALEXANDER GREEN

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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
LAW OFFICE OF BENJAMIN L. HALL, III L.P.	DEFERRED COMPENSATION	\$23,821
STATE OF TEXAS - TEXAS COUNTY AND RETIREMENT SYSTEM	PENSION	\$96,948

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ALEXANDER GREEN

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
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 "unearned" income during the year. 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. For rental or other real property held for investment, provide a complete address. 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any domestic debt of \$5,000 or less in a personal obligation or	Year-End Value of Asset 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."	Type of Income 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.	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 "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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
350 G STREET, SW, #N208 WASHINGTON, DC	\$250,001 - \$500,000	NONE	\$0	
7447 CAMBRIDGE, #105 HOUSTON, TEXAS 77054	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
7447 CAMBRIDGE, #107 HOUSTON, TEXAS 77054	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
7447 CAMBRIDGE, #124 HOUSTON, TEXAS 77054	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
CAPITAL ONE, N.A. P.O. BOX 85177 RICHMOND VA 23285- 5177	\$100,001 - \$250,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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CONGRESSIONAL FEDERAL CREDIT UNION P.O. BOX 23267 WASHINGTON, D.C. 20026-3267	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500
HARRIS COUNTY TEXAS DEFERRED COMPENSATION PROGRAM	\$100,001 - \$250,000	None	NONE
MORGAN STANLEY SMITH BARNEY 1600 HIGHWAY 6 SOUTH STE 100 SUGARLAND, TEXAS 77478	\$15,001 - \$50,000	None	NONE
SOUTHWESTERN NATIONAL BANK 6901 CORPORATE DRIVE HOUSTON, TEXAS 77036	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500
TEXAS COUNTY AND DISTRICT RETIREMENT SYSTEM	\$1,000,001 - \$5,000,000	PENSION	\$50,001 - \$100,000
UNITY NATIONAL BANK P.O. BOX 8277 HOUSTON, TEXAS 77288	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000
WELLS FARGO BANK, N.A. P.O. BOX 266000 DALLAS, TEXAS	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000

SCHEDULE V - LIABILITIES

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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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	WELLS FARGO BANK, N.A. P.O. BOX 266000 DALLAS, TX 75326	MARCH, 20 11	MORTGAGE ON 350 G STREET, SW, #N208 WASHINGTON, D.C.	\$250,001 - \$500,000

SCHEDULE IX - AGREEMENTS

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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
4/14/2003	LAW OFFICES OF BENJAMIN L. HALL, III L.P.	DEFERRED COMPENSATION EARNED FOR LEGAL SERVICES RENDERED PRIOR TO BEING ELECTED TO CONGRESS
1/31/2004	TEXAS COUNTY AND DISTRICT RETIREMENT SYSTEM	DEFINED BENEFIT PLAN