EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or lia because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depen	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the appropriate	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes A	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? Yes if yes, complete and attach Schedule II.	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.	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH O	Filer Candidate for the State: 16 KG5 House of Representatives District: 3 Status New officer or Employing Office:	Name: Doming A Characia 1	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, λολ Δρί λο λο λο
ned" incom	tee on Ethic g you, your	INFOR	and the a	No	□ S	No	OF THESE	Date of Election:	Daytime	
"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	s and certain other "exc spouse, or a depender	 A	sch	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.	V. Did you have any represent an outside entity? If yes, complete and at	IV. Did you hold any reproof filing in the current call if yes, complete and at	E QUESTIONS	5-29-12	Telephone.	FORM B For use by candidates and new employees
abilities of a spouse or d e Committee on Ethics.	"excepted trusts" need not be dent child?	NSWER EACH OF THESE QUESTIONS	edule attached for each "Yes" response	ompensation of more than two prior years? attach Schedule VI.	reportable agreement or arrangement	reportable positions on or before the date calendar year or in the prior two years?		Check if Amendment		B nd new employees
ependent child	ot be	OF THESE C	each "Yes" re	\$5,000 from	rrangement	before the date or two years?		A \$200 penalty shall be against any individual more than 30 days late.	V 2012 H	APR
Yes	Yes 🔲	IUESTIO	sponse.	Yes PZ	Yes	Yes		\$200 penalty shall be gainst any individual ore than 30 days late.	2012 MAY -9 PH 1: 23 OFFICE OF REPRESENTATIVES (Office Use Only)	APR 3 0 2012
N N	N _o	S		No.	₹ №	N N		assessed who files	1: 23	Page 1 of 7

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name

Page _ L of _

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 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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type	Amount	
The state of the s	- 7	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Lans Office of Domingo Lincia P.C.	So la 34	153,846-16	4810,069.27
Las office of bomidon Garcialle	he have / k-1	140,000.00	429 184.00
Las a helle of all acid De house & Township	he le ry	30,738.48	332 8000c
hallado (odusta	Glouse Salory	28.269.87	28,269.87 113,079.50
Dr 61 ba (harcid Pental Clinic	Spen se haland	00,000.00	400,000.00
	_		
	,		
	,		

Page) of

BLOCK A Asset and/or income Source

identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 any other 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.

>

C

P

Ш

<u>ក</u> ១

Ť

ㅈ

Current Year

Preceding Year

10 to 00

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.

6.3

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 personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

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.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

None

\$50,001

\$25,000,001

DIVIDENDS:

INTEREST CAPITAL GAINS

NONE

Over \$50,000,000.

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$100,001 = \$250,000

\$250,001 - \$500,000

\$1,000,001 - \$5,000,000

\$25,000,000

- \$50,000,000

\$100,000

ş

SP

Mega Corp. Stock

DC, Examples:

Simon & Schuster

Indefinite

1st Bank of Paducah, KY accounts

10000 J

s madil

Kanc

6

107

BLOCK B Value of Asset

Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C 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.

BLOCK D 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.

		[ł				j	<u>i.</u>	Ora tirke draine	
						0			EXCEPTED/BLIND TRUST	150
							Royalties	* 4 4 7 7 9 4 9 5 9 7 4 7 7 9 9 9 9 1 9 1 9 1 9 1 9 1	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
^	旅灣	X	Part 1		X	 	燕	Ġ	None	_
							-		\$1 - \$200 =	
	$e_{j,k}^{(i)}(t)$					\dot{z}	* 17 2	'e' 	\$201 - \$1,000	
	×		_				;	×	\$1,001 - \$2,500 <	
· 化多数 500			⋆		1	×	×	্ব	\$2,501 - \$5,000	
									\$5,001 - \$15,000 ≤	
						w_{γ_1}		₹.	\$15,001,—\$50,000 ≦	
									\$50,001 - \$100,000	
						Ş.4.5	1		\$100,001 - \$1,000,000	
								; ;	\$1,000,001 - \$5,000,000 ×	
ar jug	\$ 5 By	zi = (**)	14.54	190	1.	1.20	7/1	14	ØOver \$5,000,000 Øover \$5,000,000 Øove	
X		×		×	\times				None –	
1.4	1.73			1.11	3 12.36	14.3			\$1÷\$200 (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
								×	\$201 - \$1,000 =	
م مراجع المراجع أنه أنفق	140 0 18 1	وتركي في	ينهار فأعربه المؤام	e de la	Same and	<i>59</i> .	**	1	\$1,001 - \$2,500	
						×	×		\$2,501 - \$5,000 <	
Cris	×		<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\hat{\varphi}^{k}$	1)(2))	177	\$5,001 - \$15,000 ≤	
									\$15,001 - \$50,000 ≦	(
1	15 e k.		3 14 5		Mary J.		N.		\$50,001 - \$100,000	•
								_	\$100,001 - \$1,000,000 🔀	
1,0.0		199 - 1 33 - 74	100		200 (A)	3		16	\$1,000,001 −\$5,000,000 ×	
1.									Over \$5,000,000 ×	

137

البتار أأدبيه أ

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheel (if needed) SP, 8 Ξ Asset and/or income Source BLOCK A None \$1 - \$1,000 \$1,001 - \$15,000 C \$15,001 + \$50,000 Value of Asset \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 \$ \$1,000,000 \$1,000,001 -- \$5,000,000 \$5,000,001 4 \$25,000,000 -- 54 \$25,000,001 - \$50,000,000 Over \$50,000,000 * ***** *** NONE DIVIDENDS RENT Type of Income INTEREST **CAPITAL GAINS** BLOCK C **经数** 等於 医**糖** 发射器 178872 姚濞 NO. NE P EXCEPTED/BLIND TRUST 特种 1 Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None y \$1 - \$200 \$201--\$1,000 **Current Year** \$1,001 - \$2,500 10 15 \$2,501 = \$5,600 \$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 Preceding Year \$1,001 - \$2,500 \$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

This page may be copied if more space is required

Continuation Sheet (if needed)			Name Daminfo Geg Cia	Lange — or —
BLOCK A	ВГОСК В	вгоск с	BLOCK D	
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	O)
P	A B C D E F G H I J K L		Current Year Pre	Preceding Year
JT	.000		- =	X X IIIVIIV V X
DC :	15,000 \$50,000 \$100,000 - \$250,000 - \$500,000 - \$1,000,000 1 - \$5,000,00 1 - \$25,000,00	SAINS D/BLIND TR e of Income	2,500 5,000 5,000 550,000 5100,000 \$1,000,000 - \$5,000,000	5,000 15,000 \$50,000 \$1,000,000 \$1,000,000 \$5,000,000
	\$1,000,001 \$5,000,001	NONE DIVIDEND RENT INTEREST CAPITAL (EXCEPTE Other Type	Over \$5,000 None \$1 - \$200 \$201 - \$1,0	
9 Capital Income of	**	X	X	
69 Edon Yance Gold	×	>	X X	-
<u> </u>		>	X	
	X	X	X	
50 Alexandria Real Estate	>		X	
50 R & B Cartal Trust	X	×	X	
5) County colde Called	X	X		
SP HS BY Holdings 116	X		×	
50 TOM Chase Could		X	X	
58 National City Con	X	X	×	
50 Rome of America HI	×	×		X
R (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		X	
MS (14 1/0 MUNIC	7		み	
life In	×	×	X	

4
C
I
帝
ö
O
=
F
_
-
ı
<u> </u>
D
•
⊐
m
'n

Name Doning Runcia

Page ot 7

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 furniture, 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-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

					,			_
							SP, DC, JT	
_	Conduss Mant	(Or lass hant	of the God.	hore har	Compass hank	Example: First Bank of Wilmington, DE	Creditor	
	2014	& o =		2012	2010	May 1998	Date Liability Incurred mo/year	
	Line of Great	Cag Payment	Cas Payment	(sell tand 7)	Mortgage, 640 Kessler Some	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	海豚科	No.	17×8	W. Charles			\$10,001— > \$15,000 >	
		>		>			\$15,001— \$50,000	
			X				\$50,001— \$100,000	
						×	\$100,001— \$250,000	
	1,1%		· · · ,		÷.	× (\$250,000 m \$250,001 m \$500,000 m \$1,000,001 G	
	又		192	y _ 425+*	メ	7,-	\$500,001— \$1,000,000	
	沙泽	364c)	W (8)	35 M	3		\$5,000.000	
	.+117.50%	o. 112-86	,7 , 1, 5	25.00		7.	\$5,000,001— ± \$25,000,000 ±	
	redit relaces				ela firak	*	\$50,000,000	
							Over \$50,000,000	

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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

2			
Position		·	
auro.			
Name of Organization			
			Commence of the second

SCHEDULE V -- AGREEMENTS

ŀ	
l	3
	ے ۔ کی
	වා
	har
ľ	<u> </u>
	<i>⊶</i>
	Page
	age 7

Name

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.

1					 	_	_
		THE COLUMN TWO IS NOT				Date	
							•
200000	·		,			Parties To	
						Ö	
		-				Terms of Agreement	
				4		eement	
						-	
4					 		Ь.

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

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 of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating 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 recognized by law. Do not repeat information listed on Schedule I.

		Code of projessional responsibility	and are not reported pursuant to	Individual clients are confidental	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	
				Legal ocposesentation of individual	Accounting services	Brief Description of Duties	