No No	Yes	pendent child	corne, transactions, or liabilities of a spouse of dependent child ve first consulted with the Committee on Ethics.	earned includes you have	swer "yes" unio	because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
₹ <u>X</u>	Yes	it be	other "e»	mittee on E	ed by the Com	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?
S	QUESTION	FTHESE	DRMATION — ANSWER EACH OF THESE QUESTIONS	ST INFO	OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	response.	each "Yes" ı	and the appropriate schedule attached for each "Yes" response.	d and th	oe answere	Each question in this part must be answered
× ⊠	Yes 🔲	\$5,000 from	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.	_N ⊠	Yes 🔲	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.
8	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>₹</u>	ĕg ⊠	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.
<u>8</u>	Yes X	efore the date r <u>two</u> years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	₹	Yes 🔀	t. 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.
			ESE QUESTIONS	OFTH	ANSWER EACH OF THESE	PRELIMINARY INFORMATION — ANSW
						In all sections, please type or print clearly in blue or black ink.
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A <i>\$200 per</i> against an more than	Date of Check if Election: Amendment Amendment		11 2	Filer Candidate for the House of Representatives Status New officer or Employing Office:
6 00	2013 KAY 23 PM 2: 36	2013 ΚΑΥ υ.s. πόδος σ	Daytime Telephone: 幻》 (の2の 1分入	Daytir	,	Name: Hove to los
Page 1 of 6	MAY 13 2013 age 1 of 6	S AA	FORM B For use by candidates and new employees	3	PETIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT A Period covered: January 1, 2012 - 人作人 1

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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) 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.

	Type	Amount	unt .
Source (include date of leceipt for Horizografa)	- ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
T	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA .
State of MILLOURY	Salder	04.109.11	09.11.611
7	7		
Gast PRAIRIR R-22 Chools	Laure Salary	NA	NA
EAST PRAIRIE MO			

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Page 5

Asset and/or Income Source **BLOCK A**

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated dentify (a) each asset held for investment or production

(do not use ticker symbols). Provide complete names of stocks and mutual funds

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. account and its value at the end of the reporting period. provide only the name of the institution holding the For retirement accounts which are not self-directed, For all IRAs and other retirement plans (such as 401(k)

provide a complete address For rental or other real property held for investment,

 \triangleright

B C

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the reporting period.

asset generated no income during

as income. Check "None" if the If reinvested, must be disclosed

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.

the Thrift Savings Plan. derived from, a federal retirement program, including accounts; and any financial interest in, or income ing \$5,000 or less in personal checking or savings income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

the optional column on the far left. If you so choose, you may indicate that an asset or ent child (DC) or is jointly held with your spouse (JT), in income source is that of your spouse (SP) or depend-None

\$1 - \$1,000

\$1,001 - \$15,000

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

DC, Examples:

SP Mega Corp. Stock

Simon & Schuster 1st Bank of Paducah, KY accounts

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Value of Asset BLOCK B

method used. market value, please specify the valuation method other than fair of reporting year. If you use a Indicate value of asset at close

"None." only because it generated reporting year and is included If an asset was sold during the income, the value should be

Type of Income BLOCK C

deferred income (such as 401(k) ments or that generate taxallow you to choose specific invest-Check all columns that apply. For interest, and capital gains, even plans or IRAs), you may check the retirement accounts that do not "Tax-Deferred" column. Dividends,

BLOCK D

Amount of Income

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 For assets for which you checked "Tax income was earned or generated. "None" column. For all other assets, indicate Deferred" in Block C, you may check the

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			<u> </u>						\$250,001 - \$500,000		Ð
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									\$5,000,001 - \$25,000,000		Γ
									\$25,000,001 - \$50,000,000		X
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								×	NONE		
			<u> </u>	*					DIVIDENDS		
	*	<u> </u>	<u> </u>			\times			RENT		
	*		*		メ				INTEREST		
×		×							CAPITAL GAINS		
									EXCEPTED/BLIND TRUST		
									TAX-DEFERRED		
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm	Income)	
	- 4,								None	-	
			₩,	×	X				\$1 – \$200	=	
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			1						Over \$5,000,000	×	

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed Edward Jones Street SP GOCAS BANK SAVINGS 8 Ę, SP, Edward Jones THE HARTFORD Ameritando Asset and/or Income Source BLOCK A None ⋗ 0 1 - 1,000o X \$1,001 - \$15,000 O × × X \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 **BLOCK B** \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT Type of Income × INTEREST × X メ CAPITAL GAINS BLOCK C **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None × >< \$1 - \$200 \$201 - \$1,000 ≡ Current Year X × X V VI VII VIII IX \$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 \times Ξ \$201 - \$1,000 Preceding Year × × XI IIV IIV IV V VI \$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

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SCHEDULE III — LIABILITIES

Name Stove Holiges

Page 5 of 6

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.

			JT		SP, DC, JT
			JT FOCUS BANK GOCTPOLICE MO MAR 2005 MORTGAGE ST WART HIS	Example: First Bank of Wilmington, DE	Creditor
) MAR 2005	May 1998	Date Liability Incurred mo/year
			MORTGAGE SI WART HORM ICA	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	 				\$10,001 \$15,000
					\$15,001— \$50,000
			×		\$50,001— \$100,000
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f					\$5,000,000 \$5,000,001— ± \$25,000,000
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SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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	Position Boar Many Many	Land booking solely of an incliniary flature.
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			Date	Identify the dat service; continu efit plan mainta	SCHEDULE
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emservice; continuation or deferral of payments by a former or current employer other than the U.S. Governmefit plan maintained by a former employer.	SCHEDULE V — AGREEMENTS
			Terms of Agreement	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.	Name To 10 to Acas Page 6 or 6

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

			Example: Doe Jones & Smith, Hometown, Homestate Accoun	Source (Name and Address)	Report sources of such compensation received by you or your business affiliation for services provided directly of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit or a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information conrecognized by law. Do not repeat information listed on Schedule I.
			Accounting services	Brief Description of Duties	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 I.

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