

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Name: **JOE BACA**

Daytime Telephone: **5-6161**

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2012 MAY 15 PM 1:43
U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 43rd	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule II.	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)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule III.	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? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. 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 V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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 ☐ No ☒

EXEMPTION—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 ☐ No ☒

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

Name JOE BACA

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

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asset had purchases (P), sales (S) or exchanges (E) exceeding \$1,000 in reporting year.

None		Indefinite		Royalties		S (partial)	
A	None						
B	\$1 - \$1,000						
C	\$1,001 - \$15,000						
D	\$15,001 - \$50,000						
E	\$50,001 - \$100,000	X					
F	\$100,001 - \$250,000	X					
G	\$250,001 - \$500,000						
H	\$500,001 - \$1,000,000						
I	\$1,000,001 - \$5,000,000						
J	\$5,000,001 - \$25,000,000						
K	\$25,000,001 - \$50,000,000						
L	Over \$50,000,000						
	NONE						
	DIVIDENDS	X					
	RENT	X					
	INTEREST						
	CAPITAL GAINS	X					
	EXCEPTED/BLIND TRUST						
	TAX-DEFERRED						
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
I	None						
II	\$1 - \$200						
III	\$201 - \$1,000						
IV	\$1,001 - \$2,500	X					
V	\$2,501 - \$5,000						
VI	\$5,001 - \$15,000	X					
VII	\$15,001 - \$50,000						
VIII	\$50,001 - \$100,000						
IX	\$100,001 - \$1,000,000	X					
X	\$1,000,001 - \$5,000,000						
XI	Over \$5,000,000						

If only a portion of an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

SCHEDULE VIII—POSITIONS

Name

JOE BACA

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Report all positions, compensated or uncompensated, held during the current calendar year 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.

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

Position	Name of Organization
<i>Board of Directors</i>	<i>CHET - Congressional Hispanic Caucus Institute</i>

SCHEDULE IX—AGREEMENTS

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