FORM B For use by candidates and new employees APR 2.8 2012
2012 HAY -8 PH 1: 15 Daytime Telephone: U.S. HOUSE OF REPRESENTATIVE (Office Use Only)
Date of MAY 29 Amendment against any individual who files more than 30 days late.
ANSWER EACH OF THESE QUESTIONS
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? Yes No
V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. No
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. No
the appropriate schedule attached for each "Yes" response.
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 Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child Yes No lecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
2012 HAY -8 PH 2012 HAY -8 PH U.S. HOUSE OF REPRESENT (Office Use Only) heck if endment A \$200 penalty shall be against any individual more than 30 days late. Pedule IV. REACH OF THESE QUESTION aars? REACH OF THESE QUESTION ached for each "Yes" response. REACH OF THESE QUESTION aspouse or dependent child Yes spouse or dependent child spouse or dependent child spouse or dependent child 2012 HAY -8 PH U.S. HOUSE OF REPRESENT (Office Use Only) A \$200 penalty shall be against any individual more than 30 days late. Yes Testure Yes Individual more than 30 days late. Yes Individual more than 30 days late.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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. 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

SYSCO CORP	Covidien Pic	ABBROT LABS	SCHULAG MONEY MARKET	SPIRIT ENERGY SCH 3 WELL	Murier owner of SCHWAG	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	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 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 esset 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 II requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production or 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
X	><	X	> .	X	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset rdicate value of asset at close of reporting year. If you use a aluation method other than fair narket value, please specify the nethod used. an asset was sold during the eporting year and is included only because it generated rcome, the value should be None."
X	X	X	X	X	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 "Tax-Deferred" 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.
X	×	× ×	×	*	*		×	X	None	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Another Anot	Contin	Continuation Sheet (if needed)	O ONE CHINED INCOME	<u></u>	HARRY LEE PIERCE	Page 2 of 2
None		BLOCK A	вгоск в	вгоск с	BLOCK D	
None		Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
None	SP,		B C D E F G H - J K			ding Year
	Ţ		,000			XI IIIV IIV
None Si - \$1,001 - Si - \$1,001 - Si - \$1,001 - Si - \$1,0001 - Si - \$1,000,001 - Si - \$250,001 - Si - \$250,001 - Si - \$200,001 - Si - \$20	DC		\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,000 01 - \$5,000,00 01 - \$25,000,00 001 - \$50,000	GAINS ED/BLIND TR ERRED be of Income	000 2,500 5,000 15,000 \$50,000 \$100,000 - \$1,000,000 1 - \$5,000,000	\$15,000 \$50,000 \$100,000 - \$1,000,000 1 - \$5,000,000
			\$1 - \$1,001 - \$15,001 - \$15,001 - \$100,001 - \$250,001 - \$250,001 - \$500,001 - \$5,000,00 - \$25,00	DIVIDEN RENT INTERES CAPITAL EXCEPT TAX-DEF Other Typ (Specify: e	\$1 - \$200 \$201 - \$1 \$1,001 - \$ \$2,501 - \$ \$5,001 - \$ \$15,001 - \$ \$100,001 \$1,000,00 Over \$5,00 None \$1 - \$200 \$201 - \$1	\$5,001 \$ \$15,001 \$50,001 \$100,001
		VERIZON COMMUNICATIONS	X			
		FUNCO ALLASSET ALLANDINGSTY	X			
		PHYLO CORINCONE FUND	X			
		LIMED COMMODITY REAL RETURN	×		***	**
		PIMO (DIALRETURA) (SOU)	*		×	
		XUTWAB ADVANTAGE MARKET	, , , , , , , , , , , , , , , , , , ,	*	*	

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SCHEDULE III - LIABILITIES

Name HARRY LEE PIERCE

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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

				JT ODC,
	•	USAA VISA CREDIT CARD	Example: First Bank of Wilmington, DE	Creditor
		APR.2012	May 1998	Date Liability Incurred mo/year
		CREDIT CARD	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
		\times		\$15,001— \$50,000
				\$50,001— \$100,000
			×	\$100,001— \$250,000 D
				\$250,001— m S
				\$250,000 m \$250,000 m \$500,000 m \$1,000,000 m \$5,000,001 m
			_	\$5,000,001—
				\$25,000,001— \$25,000,000
			-	\$50,000,000
				\$50,000,000

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 nonorary nature.	nature.
Position	Name of Organization

SCHEDULE V — AGREEMENTS

Name	
Name	
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Date	Parties To	Terms of Agreement

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

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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	Source (Name and Address)	Brief Description of Duties
_	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
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F		