| N _S | ndent child Yes | nsactions, or liabilities of a spouse or dependential with the Committee on Ethics. | rned" income, tra s you have first co | ner assets, "unea swer "yes" unles | 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. | EXEMPTI because th |
|--------------------|--|--|--|---------------------------------------|--|--|
| No | · NA ves | d certain other "excepted trusts" need not be use, or a dependent child? | ittee on Ethics an | ed by the Comm h a trust benefit | 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? | TRUSTS— disclosed. I |
| I | THESE QUESTION | TION — ANSWER EACH OF THESE QUESTIONS | T INFORMA | OR TRUS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXCLUS |
| | ch "Yes" response. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | and the appr | e answered | Each question in this part must b | |
| <u>8</u> | 000 from Yes | 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 No A si | 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. | III. Did you, able liability ! If yes, comp |
| N N | ement Yes | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | No L With | Yes 🔽 | 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. | II. Did you, y income of me reportable as if yes, comp |
| S S | re the date <u>Yes</u> | 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. | No IV. | Yes 🔽 | 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, complete and attach Schedule I. | l. Did you or fees) of \$200 If yes, comp |
| | , | ANSWER EACH OF THESE QUESTIONS | OF THESE (| ER EACH | PRELIMINARY INFORMATION — ANSW | PRELIM |
| | more than 30 days late. | | | Office: | employee Employing Office: | |
| assessed who files | A \$200 penalty shall be assessed against any individual who files | Primary Amendment as | Date of Pr | 3 | Candidate for the State: House of Representatives District: New officer or | Filer Status |
| VES CC | U.S. HOUSE DEPT TO THE THE STATE OF THE STAT | | ٠. | | | |
| | 2012 APR 13 PM 1: 31 | | Daytime Telephone: | Ö | BILL LESTER | Name: |
| DANK TANK | POSTNA | FORM B For use by candidates and new employees | For u | ATIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period Opered: January 1, 2012 - April 1, 2017 | UNITED FINANC |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

| Name | ` |
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age of to

| ist 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 |
|---|
| nore 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 |
| |
| |

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

| Exclude military pay (social as reasonal social social pay), resolutions | onion programo, and pononio io | COLLOG GILGO: TIC CACTOR | Jooding From |
|--|--------------------------------|--------------------------|----------------|
| | Time | Amount | unt |
| OCCICE (Ilicidos date di lecelprior ricinoralia) |) Jipo | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| - 1 | 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 |
| Rubic Defender Services Christianius Fres Porcouse | Fres Porcound | 1000 FJ | 1000.131.22 |
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Name

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the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated Asset and/or income Source

BLOCK A

(do not use ticker symbols). Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year.

cific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. plans) that are self-directed (i.e., plans in which you 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, have the power, even If not exercised, to select the spe-For all IRAs and other retirement plans (such as 40 t(k)

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

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For an ownership interest in a privately-hold business that is not publicly traded, state the name of the busihomes and vacation homes (unless there was rental Exclude: Your personal residence, including second location in Block A. ness, the nature of its activities, and its geographic

ing \$5,000 or less in personal checking or savings

derived from, a federal retirement program, including accounts; and any financial interest in, or income income during the reporting period); any deposits total-

If you so choose, you may indicate that an asset or the Thrift Savings Plan.

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.

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

None

\$1 - \$1,000

\$50,001 -

\$1,001 - \$15,000

\$15,001 - \$50,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

Over \$5,000,000

\$500,001 - \$1,000,000

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

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

\$100,000

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SP Mega Corp. Stock

Simon & Schuster 1st Bank of Paducah, KY accounts

Indefinite

Royalties

7

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Value of Asset BLOCK B

Type of Income

BLOCK C

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

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

as income. Check "None" if the

asset generated no income during

the reporting period.

Check all columns that apply. For retirement accounts that do not investments or that generate taxest, and capital gains, even if allow you to choose specific plans or IRAs), you may check the deferred income (such as 401(k) 'None" column. Dividends, Inter-

> Amount of Income BLOCK D

gains, even if reinvested, must be disbelow. or IRAs), you may check the "None" column closed as income. Check "None" if no ate tax-deferred income (such as 401(k) plans income by checking the appropriate box For all other assets, indicate the category of to choose specific investments or that generincome was earned or generated For retirement accounts that do not allow you Dividends, interest, and capital

| CA6L \$20'000'000 | | |
|---|-------------|----------------|
| NONE | | |
| DIVIDENDS | | |
| RENT | | |
| INTEREST | | |
| CAPITAL GAINS | | |
| EXCEPTED/BLIND TRUST | | |
| Other Type of Income (Specify: e.g., Partnership Income or Farm In | ncome) | |
| None | _ | |
| \$1 - \$200 | = | |
| \$201 - \$1,000 | Ξ | _ |
| \$1,001 - \$2,500 | < | 2 |
| \$2,501 - \$5,000 | < | Current Year |
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| \$15,001 - \$50,000 | IIIA IIA IA | <u>`</u> |
| \$50,001 - \$100,000 | III | 2 |
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| \$1,000,001 - \$5,000,000 | × | |
| Over \$5,000,000 | × | |
| None | _ | |
| \$1 – \$200 | = | |
| \$201 - \$1,000 | ≡ | פ |
| \$1,001 - \$2,500 | _< |) g |
| \$2,501 - \$5,000 | < | ğ |
| \$5,001 - \$15,000 | ≤ | Š |
| \$15,001 - \$50,000 | IIIA IIA | ق |
| \$50,001 - \$100,000 | ≦ | Preceding Year |
| \$100,001 - \$1,000,000 | × | 1 |
| \$1,000,001 - \$5,000,000 | × | |
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| | BLOCK A Asset and/or income Source | SCHEDULE II — ASSETS AND "UNEARNED" INCOME |
| None | > | 5 |
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| | 1 – \$15,000 O | Z |
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| | 01 - \$50,000 | $\overline{\Sigma}$ |
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| NONE DIVID | | [III |
| RENT | | |
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| | TAL GAINS P | |
| | FAL GAINS PTED/BLIND TRUST O O O O O O O O O O O O O | |
| | no × | |
| | REST FAL GAINS PTED/BLIND TRUST Type of Income Extra e.g., Partnership Income | |
| | iy: e.g., Partnership Income ō n Income) | |
| or Fam | in income) | |
| No. | | Name |
| None \$1 - \$2 | | [] se |
| | \$1,000 = | |
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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. 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

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| | | | | | SP, DC, | |
| | | | | Example: First Bank of Wilmington, DE | Creditor | |
| | | | | May 1998 | Date Liability Incurred mo/year | _ |
| | | | | Mortgage on 123 Main Street, Dover, DE | Type of Liability | |
| | | | | | \$10,001— \$15,000 > | |
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| | | | | | \$500,001— \$1,000,000 | Amount of Liability |
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| | | | | | \$25,000,001— \$50,000,000 | |
| | | | | | Over \$50,000,000 | |

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 honorage positions solely of an honorage positions.

| and positions solely of an honorary nature. | nature. |
|---|----------------------|
| Position | Name of Organization |
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SCHEDULE V — 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.

| Oth Pich Highligh | on pair named by a ferrior emproyen | |
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| Date | Parties To | Terms of Agreement |
| | UN. | |
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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.

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