		,					
<b>№</b>	child Yes	ependent (	ities of a spouse or dependent child committee on Ethics.	e, transactions, or liabilinst consulted with the C	arned" income ss you have fi	er assets, "une wer "yes" unle:	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co
<b>₹</b>	Y <b>00</b>	ot be	ccepted trusts" need n	s and certain other "ex spouse, or a depender	ittee on Ethic ling you, your	d by the Comn n a trust benefi	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?
Ø	EACH OF THESE QUESTIONS	OF THE	ANSWER EACH		T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	'es" response.	each "Y	lule attached for each "Yes" response	ppropriate sched	and the a	e answerec	Each question in this part must be answered and the appropriate schedu
<b>₹</b>	* <b>\S</b>	\$5,000 fron	pensation of more than to prior years? ttach Schedule VI.	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.	<b>₹</b>	₹ <b>∀</b>	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.
\rightarrow \\ \right	¥° 8°	rrangement	contable agreement or autach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<b>₹</b>	<b>₹</b>	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.
\$ 	Yes X	before the d	portable positions on or livendar year or in the printer trach Schedule IV.	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 yee, complete and attach Schedule IV.	S <sub>S</sub>	X X	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?
		,		- ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	RELIMINARY INFORMATION — ANSWE
					•	Girco.	and another place the or print clearly in this or Nack jet
who files	against any individual v	againa more t	Amendment	1: <b>946, 7,2612.</b>	Election:		New officer or
	(Office Use Only)	> (S)	Check if	Pamady	Date of	3	Candidate for the State:
NTATIVES	U.S. HOUSE OF REPRESENTATIVES		-	Daytime Telephone:	Daytime		Name: ERIC STEWART
# #	2012 JAN 25 AM 11: 14	>					T )
E CENTER	JAN 19 2012  LEGISLATIVE RESOURCE CENTER	_ 4	n B and new employees	FORM B For use by candidates and new employees		2011	Period covered: January 1, 2010 - DEC. 31,
Page 1 of S						ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Egic STEWART

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**Exclude: Military pay (such as National Guard or Heserve pay), receral retirement programs, and benefits received under the Social Security Actuals.** 

may make the state of the state	Contract to the second		
		Amount	unt
Source (include date of receipt for nonorana)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$8,300	\$28,450
1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Herris County, Texas Public Schools	Spouse Salary	NA	*
ABC WINDOWS OF MIDDLE TENNESSEE TN	SALES COMMESIAN		Ø
76, 24: Me 62	LEGISLATINE SALMEY	48.500	47, 4e0
Winchester C.	Same Samey	MI 3.00	40.760
			•
			٠.

#### 상 ¥ SP, DC, Examples: please refer to the instruction booklet. For a detailed discussion of Schedule III requirements, the optional column on the far left. income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in If you so choose, you may indicate that an asset or income during the reporting period); any deposits total-ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income the Thrift Savings Plan. derived from, a federal retirement program, including that is not publicly traded, state the name of the busiprovide a complete address. Exclude: Your personal residence, including second location in Block A. For an ownership interest in a privately-held business For retirement accounts which are not self-directed, provide only the name of the institution holding the more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at homes and vacation homes (unless there was rental For rental or other real property held for investment, account and its value at the end of the reporting period. in the account that exceeds the reporting thresholds. cific investments), provide the value for each asset held have the power, even if not exercised, to select the speplans) that are self-directed (i.e., plans in which you For all IRAs and other retirement plans (such as 401(k) (do not use ticker symbols). Provide complete names of stocks and mutual funds Identify (a) each asset held for investment or production ness the nature of its activities, and its geographic eportable asset or sources of income which generated HORPE MAN CONNECTE ROUTHE PROPERTY TRADERS NATINAL BANK SECURITY FEDERAL SMINGS Asset and/or Income Source SCOTTRACE POTH RA Business Kersoma Property BRNK ACCTS WINCHESTER TV SP Mega Corp. Stock BANK ACTS Simon & Schuster 1st Bank of Paducah, KY accounts BLOCK A ANDW. TY IC P • None Þ market value, please specify the of reporting year. If you use a method used. valuation method other than fair income, the value should be only because it generated reporting year and is included If an asset was sold during the Indicate value of asset at close 1 - 1,000σ X く × × Indefinite O \$1,001 - \$15,000 \$15,001 - \$50,000 $\Box$ Value of Asset \$50,001 - \$100,000 П BLOCK B п \$100,001 - \$250,000 × G \$250,001 - \$500,000 \$500,001 - \$1,000,000 I \$1,000,001 ~ \$5,000,000 ۲ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 ۲-Over \$50,000,000 NONE × est, and capital gains, even if investments or that generate taxallow you to choose specific Check all columns that apply. For the reporting period. asset generated no income during as income. Check "None" if the plans or IRAs), you may check the "None" column. Dividends, interdeferred income (such as 401(k) reinvested, must be disclosed retirement accounts that do not DIVIDENDS × RENT Type of Income × INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None × \$1 - \$200 = \$201 - \$1,000 ≡ Current Year 7 \$1,001 - \$2,500 below. Dividends, interest, and capital gains, even if reinvested, must be disor IRAs), you may check the "None" column. ate tax-deferred income (such as 401(k) plans closed as income. Check "None" if no income by checking the appropriate box to choose specific investments or that gener-For all other assets, indicate the category of For retirement accounts that do not allow you income was earned or generated \$2,501 - \$5,000 < XI VII VIII IX \$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 Ξ Preceding Year \$1,001 - \$2,500 7 V V VIIVIVIII \$2,501 - \$5,000 \$5,001 - \$15,000 × \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\times}$ \$1,000,001 - \$5,000,000 × × Over \$5,000,000

#### SCHEDULE III - LIABILITIES

Name Exic STEWART

Page 4 of

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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 sib-

					SP, DC, JT	
CHASE BANK	PRANKLIN CO. UNITED BRAK	FIRST VISION BANK	SECURITY PEDGLAN SAVINGS	Example:   First Bank of Wilmington, DE	Creditor	
4 2040	10000	7 2007	10 2009	May 1998	Liability Incurred mo/year	) :
CREOT CALL	EUSINGES LIAN FOL PLENIOUS BUSINGES (Pars. Lieb)	Commercial Rober FETRTE	to 2009 Business Lany Business (Pers. Lingue)	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	*				\$10,001— \$15,000	
X			イ		\$15,001— \$50,000 <b>to</b> \$50,001—	
		ャ		×	\$100,000 S	  >
		•			\$250,000 \$250,001— \$500,000	Amount of Liability
				<u> </u>	\$500,001— \$1,000,000	of Lial
					\$1,000,001— \$5,000,000	
					\$5,000,001— \$25,000,000	
					\$25,000,001— \$50,000,000	
	1					

#### SCHEDULE IV - POSITIONS

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 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 a political party or campaign organization); and positions solely of an honorary nature

	 			_
		BOARD WEMBER	Position	and positions solely of all nonotary nature.
		WORKESTER LOCAL WORKFORCE INVESTMENT BOARD	Name of Organization	aure.

### **SCHEDULE V — AGREEMENTS**

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E BY
STEWART

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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.

			7012	Date
			Myself: state of TennessEE	Parties To
WITH STRICE COST SHALWG AT 60%	AGE 55. AND OTTION TO RETAIN HEALTH BENEFITS	BE DETERMINED BENEFIT AMOUNT BEGINNING @	Legislative PENSIAN THAT WILL PROVIDE A YET 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.

lecognized 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
VICTORY ZOID NASHUILLE TW	COORDINATED CAMPAIGN DIRECTOR
!	