₹	Yes	pendent child	ilities of a spouse or dependent child Committee on Ethics.	I∩≕	arned" incom ss you have f	er assets, "une wer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilibecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C
₹ ∰	Yes	ot be	cepted trusts" need no	ics and certain other "exc r spouse, or a dependen	nittee on Ethi ting you, you	d by the Comn	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)F THESE (SWER EACH O	- AN	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	lule attached for each "Yes" response	appropriate schedu	l and the	e answerec	Each question in this part must be answered and the appropriate sched
8	Yes	\$5,000 from	ompensation of more than \$\frac{\text{two}}{\text{prior years?}}\ attach 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.	₹ <u>/</u>	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.
§ A	Yes	rangement	portable agreement or arrangement ttach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	₹ []	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.
No T	Yes 🔲	efore the date or two years?	ortable positions on or blendar year or in the prior tach 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 yes, complete and attach Schedule IV.		Yes Z	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.
				EACH OF THESE QUESTIONS	OF THES		In all sections, please type or print clearly in blue or black lnk. PRELIMINARY INFORMATION — ANSWER
		more than 30 days late				Office:	employee Employing Office:
assessed who files	A \$200 penalty shall be assessed against any individual who files	A <i>\$200 pen</i>	Check if Amendment	on: 6 NON 2012	Date of Election:	(3x)	Filer Candidate for the State: House of Representatives District: Status
E CENTEP. 1: 48 RK TATIVES	2012 DEC 13 PM 1: 48 OFFICE OF FREP SHAFFURES Office Of FREP SHAFFURES (Office Use Office	2012.1		Daytime Telephone:	Daytime		Name: Markings H. Covey
			/ B and new employees	FORM B	2012	7	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 いみなかかえし

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
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	M. Corce
_	<u> </u>

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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.

Course (include date of require for hoperarie)	Type	Amount	unt
Ocarce (iliciade date di lecelpt di libilidalia)	- ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	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
McKinnows (cc	Salary	Stw	Sap
Ž)	Selary		420024
	_		
	·		

Anjuarico Sewissuc	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	For a 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 asset 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.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	Asset and/or Income Source Identify (a) each asset held for investment or production of 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
4	* >		×	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 Over \$50,000,000	A B C D E F G H - J K	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	>	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)	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.
		×××	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$21 - \$1,000 \$1,001 - \$2,500 \$25,001 - \$15,000 \$25,001 - \$100,000 \$25,001 - \$100,000 \$25,000 - \$2,500 \$25,001 - \$100,000 \$25,001 - \$100,000 \$25,001 - \$100,000 \$25,001 - \$100,000 \$250,001 - \$100,000 \$250,001 - \$100,000	Current Year Prec	BLOCK D 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.

Continuation Sheet (if needed) SCĤEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCK A

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None

\$1 - \$1,000

\$1,001 - \$15,000 \$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE DIVIDENDS RENT

INTEREST

CAPITAL GAINS

TAX-DEFERRED

or Farm Income)

\$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

\$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

None \$1 - \$200 \$201 - \$1,000

None \$1 - \$200 \$201 - \$1,000

Other Type of Income

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

SP

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Asset and/or Income Source В o D Value of Asset Ш BLOCK B TI ۵ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Type of Income BLOCK C **EXCEPTED/BLIND TRUST** (Specify: e.g., Partnership Income **Current Year** XI IIIV IIV V VI Amount of Income × BLOCK D × **Preceding Year** X V VI VII VIII IX

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/ be copied if more
space is required.

SCHEDULE III — LIABILITIES

Name
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Corey
Page 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. ting 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-

Creditor Example: First Bank of Wilmington, DE	
ngton, DE	
Date Liability Incurred mo/year May 1998	
Type of Liability Mortgage on 123 Main Street, Dover, DE	
\$10,001— \$15,000	
\$15,001— D	
\$50,001 \$100,000 O	
× \$100,001— U \$250,000 U \$250,001— _	Amou
\$500,000 m	타오
\$1,000,000 TI	Amount of Liability
\$5,000,001—_	₹
\$25,000,000	
\$50,000,000 Over \$50,000,000 C	

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	Name of Organization
Owner	Mckinnons clc
Owher	MONORILED SORVICES LLC

NOTICE:

2012 DEC 13 PM 1:

If you have not yet raised (either through contributions or loans from your set of \$5,000 for your campaign, or if you have withdrawn your candidacy, please sign and date below, and return to the Office of the Clerk, U.S. House of Representatives, Legislative Resource Center, B-106 Cannon House Office Building, Washington, D.C. 20515-6612.

Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, D.C. 20515-6601

Dear Sir/Madam:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on page 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Name: (Please pr	int or type) Covey
Signatur	'e: _
Date:	25 NO 3012
State:	District: Daytime Telephone:
	<u>or</u>
my candidacy for the U Financial Disclosure St	y you that under the laws of the state of, I withdrew J.S. House of Representatives on [NOTE: If your tatement was due <i>before</i> the date on which you withdrew from the a Financial Disclosure Statement with the House.]
Name: _ (Please pr	int or type)
Signatur	e:
Date:	
State:	District: Daytime Telephone: