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EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	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?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	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.	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.	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.	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.	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? Yes If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH	Status House of Representatives District: Report Type Annual (May 15, 2013) State: Cale Cale Cale Cale Cale Cale Cale Cale		Name: AND Goodes Shoo	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
l" income, tra	on Ethics and dependent cl	ublic Offering	T INFOF	8	N _o		∑ ⊠	S S	OF THESE	Officer or Employee		Daytime	MENT
nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	nd certain other "excepted trusts" need not be dis hild?	?	RMATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.		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.	SE QUESTIONS	or Employing Office: /ee		Daytime Telephone: 超2-225- 영 (아	Form A For use by Members, officers, and employees
	`		F THESE QU	must be answ ed for each "Y						A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Grabbin RiOffice	013 APR 18 PM 12: 38	
Yes	Yes	Yes	ESTION	ered and	Yes	Yes	¥ sey	Yes		who files	(Office Use Only)	17: 38	
No.	S ⊠	No No	S	d the onse.	No No	No No	№	No X		assessed more than	146	· //	Page 1 or

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	EW Name
	Georges
	a Company
	Page 2

SCHEDULE I—EARNED INCOME

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.

								County of Son Mates California	ion	Examples: Civil War Roundtable (Oct. 2nd)	Keene State	Source	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
						of Superiums)	See Make County Bound	legislative Pension	Spouse Salary	Spouse Speech	Approved reaching ree Legislative Pension	Туре	d benefits received under the Social Se
							(aras)	#11,727.54	NA	\$1,000	\$9,000	Amount	ecurity Act.

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First Sagle Global Closs	FPA Grescent Intl.	Berwyn Irvane Fund	Fidelity Bax- Fixe Bond	Mutual Finds	Fidelity Investments		DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	ness, 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 a personal checking or saving 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 III requirements, please refer to the instruction booklet.	property, and a city and state. For an ownership interest in a privately-held business that is not publicly traded state the name of the business.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
*	*	*	*			×	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 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	B C D III III III III III III III III III		* This column is for assets held solely by your spouse or dependent child.	and is included only because it generated income, the value should be "None."	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.	Value of Asset	вгоск в	"UNEARNED" INCOME
K	*	*	*			×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IHAS), you may check the Deferred" column. Dividends, in est, and capital gains, even if re	Check all column retirement accounallow you to choose ments or that gene income (such as	Type of Income	вгоск с	
*	×	*	*			×	×	×	None \$1 - \$200 \$201 - \$1,000 \$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 Spouse/DC Income over \$1,000,000*		ent child.		_	For assets for which you checked "Tax- t 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 ,	Amount of Income	ВГОСК D	مالحی دیافت
								S (partial)		portion of an asset is			\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	BLOCK E	

For additional assets and unearned income, use next page.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) \exists SP. 8 Permonent Fidelity CA Nuni Money Market Cokenik 2 Asset and/or Income Source ASA. き六 None $\boldsymbol{\omega}$ \$1 - \$1,000 \$1,001 - \$15,000 O X O \$15,001 -- \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 ດ \$250,001 - \$500,000 I X \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE × × DIVIDENDS RENT of Income BLOCK C Type X × **INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST** メ TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 ≡ X Amount of Income × \$201 - \$1,000 X V VI VII VII IX \$1,001 - \$2,500 \$2,501 - \$5,000 BLOCK D \$5,001 - \$15,000 \$15,001 -- \$50,000 X \$50,001 - \$100,000 \$100,001 -- \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000* Transaction BLOCK E ٥ د σουπ

SCHEDULE V— LIABILITIES



are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the during the year. Nembers are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

	 			_			
						SP, DC, JT	
		•	Los Anneles California	Wells Feago Bank	Example: First Bank of Wilmington, DE	Creditor	
			2002	Mach	May 1998	Liability Incurred Mo/Year	Date
	<u> </u>	Washington D.C.	(Rensonal - not rented)	Mach Mortgage on Residence	Mortgage on 123 Main St., Dover, DE	Type of Liability	
						\$10,001- \$15,000	
						\$15,001- \$50,000 a	
						\$50,001- \$100,000	
					×	\$100,001- \$250,000	<u>_</u>
				X		\$250,001- \$500,000 m	moun
	 					\$500,001- \$1,000,000	Amount of Liability
						\$1,000,001- \$5,000,000	ability
						\$5,000,001- \$25,000,000 ±	
						\$25,000,001- \$50,000,000	
		-				Over \$50,000,000	
Ĺ					L,	Spouse/DC Liability Over \$1,000,000*	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
	- None -	•	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description
			\$375	Value

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

								Assen.		Examples:	
						J	Kam	pen Institute Congressional	Roycroft Corporation	Chicago Chamber of Commerce	Source
						2012	A.th/t	Au 11th	Aug. 6–11	Mar. 2	Date(s)
					*7937 @ *	Brussels - To Smy	Brussels Belgium	San Chancisco to	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
					8°	محنعه	_	Ý	Υ	z	Lodging? (Y/N)
					18 B	•	•	7	Y	z	Food? (Y/N)
								No	Υ	Z	Was a Family Member Included? (Y/N)
								None	2 Days	None	Number of days not at sponsor's expense