Š	ndent child Yes	s, transactions, or liabilities of a spouse or deperst consulted with the Committee on Ethics.	arned" income	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.
No N	Yes [ss and certain other "excepted trusts" need not be spouse, or a dependent child?	nittee on Ethic ting you, your	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
S	NSWER EACH OF THESE QUESTIONS	➤	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	ich "Yes" response.	ppropriate schedule attached for ea	and the a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.
S	000 from Yes V	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.	S D	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.
N _O	gement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>\$</u>	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? Yes If yes, complete and attach Schedule II.
S _S	re the date Yes 📈	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.	N _S	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.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
	days late.			employee Employing Office:
assessed who files	A <i>\$200 penalty</i> shall be a	Check if Amendment	Date of Election:	Filer Candidate for the State: VICSINIA House of Representatives District: X
	U.S. (Office Use Only)			
23 >	ZBIZENA I 7 WAII: 53	Daytime Telephone:	Daytime	Name: Ason Howell
Page 1 of 3	311 1 1 2012 P	FORM B For use by candidates and new employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - 19801-30, 2012-

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JASON	
Howe	

Page 4_ of 3

exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; I	List the source, type, and amount of earned income from any source (other than the filer's current em	
)00. See exa	e preceding	, type, and a	
mples below.	calendar yea	mount of ear	
	r. For a spous	ned income f	
	ie, list the sou	rom any sour	
	irce and amo	се (other thar	
	unt of any ho	າ the filer's cu	
	noraria; list o	ırrent employ	
	list only the source for other spouse earned incom-	nployment by the U.S. Government) totalling \$200 or	
	e for other sp	J.S. Governm	
	ouse earned	ent) totalling	
	1 income	\$200 or	

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

Exclude: Military pay (such as National Guard or Heserve pay), tederal retirement programs, and		benefits received under the Social Security Act.	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
(Indiana data of receipt for nonvigina)	i ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
C)ASON HOWELL COMPANY	SALARY	\$ 6,909	39,096
	Spouse		
	(Car		13

MERSICL EDGE, IRA	· Visa, NC.	· MONEY MARKET FUND	TO AMERITRADE	American Chem FCW	CAPITAL ONE, VA cownts	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, 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 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 Pian. 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.	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
	X	X		×	×	×	Indefinite	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$000 - \$000,000	Value of Asset 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."
	X	X		X	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST 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 "None" 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		X	×	×	×	×	None	BLOCK D mount of Inco t accounts that d cific investments d income (such may check the assets, indicate thecking the al ends, interest if reinvested, ncome. Check arned or genera

Continuation Sheet (if needed)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME AMERICAN CHEM HO36 Asset and/or Income Source BLACK ROCK Total Retui BLACK BOSIC BunckBack Global Smc1 Breez like Internations Black Bock Global ASO, HE BLACKROCK Glade FOR BLACKROCK Capita MES MidGe Vilue BLACK HY B Busch Rock Egyty Doctor Money Merket Full BLOCK A None Œ \$1 - \$1,000 X Y X X $\overline{\mathsf{x}}$ X X \$1,001 - \$15,000 O \$15,001 - \$50,000 O Value of Asset Ш \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 \mathbf{T} \$250,001 - \$500,000 G I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 ~ \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 X X 1 X X ン NONE **DIVIDENDS** RENT Type of Income **INTEREST CAPITAL GAINS** BLOCK C **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) X く ャ X 卜 X × X K X None \$1 - \$200 \$201 - \$1,000 Current Year \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 < \$5,001 - \$15,000 YI VIII VIII IX \$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 ≍ ャ X None 1 - 200\$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 Page_ \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

							SP, JT, DC		-
				· FIDELIN FREDWY 2025	AMERICAN CHEM 401a	. FIDECITY TO BELLY			BLOCK A Asset and/or Income Source
				X		X	\$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 Cver \$50,000,000	ABCDEFGHIJKL	BLOCK B Value of Asset
				X		<i>X</i>	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income
				X		X	None \$1 - \$200 = \$201 - \$1,000		BLOCK:D Amount of Income
							\$201 - \$1,000 \(\)\[\)\[\)\[\]\[\]\[\]\[\]\[\]\[ome

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SCHEDULE III — LIABILITIES

Name JASON HOWELL

Page 6 of 3

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

Date Creditor Cr	1	-			· · · · · ·		
Creditor						JT CC,	
Mortgage on 123 Main Street, Dover, DE S10,001— \$15,000 Mortgage on 123 Main Street, Dover, DE S10,001— \$15,000 Mortgage on 123 Main Street, Dover, DE S10,000 Mortgage on 123 Main Street, De			-	Visa	Example: First Bank of Wilmington, DE	Creditor	
Since Sinc				11/2006	May 1998	Liability Incurred mo/year	Pate
\$15,000 \$15,001— \$50,001— \$100,000 \$100,001— \$250,001— \$250,000 \$250,001— \$250,001— \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,001— \$5,000,000 \$5,000,001— \$5,000,000 \$5,000,001— \$5,000,000 \$5,000,000 \$5,000,001— \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000				CREDIT CARD	u .		
\$50,000 W \$50,001— \(\$\frac{\finter{\frac							•
\$100,000 C \$100,001— D \$250,000 M \$250,000 M \$500,001— T \$1,000,001— G \$5,000,000 T \$5,000,000 T \$5,000,000 T \$5,000,001— T \$25,000,000 T \$25,000,000 C				X		\$50,000	<u>'</u>
\$250,000 U mount of \$250,001— m \$500,000 m \$500,001— G \$5,000,000 m \$5,000,000 m \$5,000,000 m \$25,000,000 m \$25,00						\$100,000	
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\$5,000,001— x \$25,000,001— x \$25,000,000 x Over						\$500,000	֡֜֞֜֜֞֜֜֓֓֓֓֟֟ ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟
\$5,000,001— x \$25,000,001— \$50,000,000 Over					-	\$1,000,000	
\$25,000,000 \(\frac{1}{2} \) \$25,000,001 \(\frac{1}{2} \) \$50,000,000 \(\frac{1}{2} \) Over			<u> </u>		_	\$5,000,000	- []
Over					<u> </u>	\$25,000,000 \$25,000,001—_	
				-	ļ <u>-</u>	Over	

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-

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
PRESIDENT	ALPFA-DC (Association of Letino Professionals in Finance and Accounting
Part President	DIN CENTER OPSTRACTORS
MEMARRALIN DARECTOR	MEMBERSHIN DIRECTOR BNI (Business Networkin; International) - Reston Referral Network
DIRECTOR AT LARGE	GMU (Grown Mason University) School of Meneziment Aluma Board
BOAKD MEMBER	5

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

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Page 7 of 7

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.

011		
Date	Parties To	Terms of Agreement
ΛÃ	NA	NA
S.		

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, Hornetown, Homestate	Accounting services
BLDR. Inc. T/A lamon leva Vience VA	Accounting Services
	C