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UNITED :	UNITED STATES HOUSE OF REPRESENTATIVES	SENTATIVES NT		FORM	. 60		Page 1 of	ge Total
Period cov	Period covered: January 1, 2013 - Feb. 16, 2013	b 16 201		For use by candidates and new employees	nd new employees	LEGISLA!	LEGISLATIVE RESOURCE CENTER	E CENTER
	7					2013 F1	2013 FEB 21 PM 1: 03	1:03
Name:	John Kuhr	ט	Daytime	Daytime Telephone:] _	Parch S.n	U.S. HOUSE OF REPIESENT AND THE	
						(Offi	(Office Use Only)	
Filer	Candidate for the S House of Representatives D	State: S	Date of Election:	1 3/19/13	Check if Amendment	A \$200 penalty shall be assessed	ly shall be a	ssessed
Status	New officer or employee E	Employing Office:		, ,,		more than 30 days late.	days late.	The files
in all sections	in all sections, please type or print clearly in blue or black ink.	ack ink.						
PRELIMIN	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	NSWER EACH	OF THES	SE QUESTIONS				
I. Did you or y fees) of \$200 c	 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. 	aries or Yes	No 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. 	ortable positions on or bendar year or in the prioach Schedule IV.	efore the date r <u>two</u> years?	Yes X	N _o
II. Did you, you income of more reportable assurt yes, comple	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.	earned" any period? Yes	S S	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	ortable agreement or arr ach Schedule V.	angement	Yes 🔲	N _S

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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.

Yes

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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.

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× X	Yes 🔲	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.
N _O	Yes 🔲	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?

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name

Page 2 of 6

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.

Source (include date of receipt for honoraria) XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2) Amount Type Current Year to Filing Precedii Salary Salary Director's Fee \$400 \$31			
XYZ Co First Ba XYZ To	Type	Amount	unt
TI	ype	Current Year to Filing	Preceding Year
TI	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Fritz Michael Farming	Com. ssion	\$13 442	26.884
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	Owner's draw		196.800
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Thirty Directed Stuc 33%	(haw Eight SC)	Hohas Rohalle 20%	Kulma Kuhnell 80%	Kuhn + Kohn Le loens			SP, SP Mega Corp. Stock	account and its value at the end of the reporting period. 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 rettrement 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 (OC) 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.	BLOCK A 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, for retirement accounts which are not self-directed.
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Certanolis		Partnership	Partmote	X	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For relirement accounts that do not allow you to choose specific investments. Dr. that generate lax-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.
× × × × × × × × × × × × × × × × × × ×		X	× ×	× × ×	×	×	×	None	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.

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Page 4 of 6

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name John Kohn

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turniture, 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 sibling 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. 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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Barday lard Visa	Wells Forgo Born KNA Syzon Unsecured loan	Example: First Bank of Wilmington, DE	Creditor	
P.c 2017	Jay 2009	May 1998	Liability Incurred mo/year	Date
Bizola credit card	Unsecured loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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.

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Position	Name of Organization
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33 1/2 % 0	33 /2 % Amer Thinty Nine Broad Street LEC

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

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Page 6 of 6

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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 1**.

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Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Robinson + Richard, LLC	C rest
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Joseph A. Williams	mrs f
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Donald B Clark LLC	sent
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