UNITED STATES HOUSE OF REPRESENTATIVES

Period covered: January 1, 2012 - 30-5EP- (2

FINANCIAL DISCLOSURE STATEMENT

Name:

Stover Hobbs

in all sections, please type or print clearly in blue or black ink.

New officer or employee

Candidate for the House of Representatives

State: Wethings

2-12

against any individual who files A \$200 penaity shall be assessed

more than 30 days late.

Employing Office:

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	esponse:	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	d and the	answered	Each question in this part must be
8 ⊠	Yes	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.	₹	igg M	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III.
₹	2	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	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.
₹	Yes X	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 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? If yes, complete and attach Schedule I.
		בסר מסרס ויסויס			FEETIMINATE IN COMATION - ANSWELL FACIL OF THESE GOESTIONS

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

ĕ ⊠	Yes	EXEMPTION. —Have you excluded from this report any other assets, "uneamed" 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 X	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 Steven Hobbs

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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.

	i i	Amount	unt
Source (include date or receipt for nonorana)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
Senate	Salary	28,503	38,004
	Sporse Salary	29,602	B
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Greenhinks Engy stock	Gereal tuta Con Stock	oracle Steck	Johnson & Johnson Stock	General Electic Stock	Disney Stock	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	derived from, a federal retirement program, including the Thriff 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.	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	For an 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.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	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	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	Provide complete names of stocks and mutual funds (do not use ticker symbols).	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	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	Asset and/or Income Source	BLOCK A
×	×	*	, ×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$5,000 \$5,000,001 - \$5,000 \$5,000,001 - \$5,000 \$25,000,001 - \$50,00	0 0 000 0,000 00,000		A B C C C C C C C C C C C C C C C C C C	"None."	reporting year and is included only because it generated income, the value should be	If an asset was sold during the	market value, please specify the	Indicate value of asset at close of reporting year. If you use a	Value of Asset	BLOCK B
X	* ***	×	×	メ	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TO COMMON (Specify: e.g., Partnership)	e	arm Income)	the reporting period.	reinvested, must be disclosed as income. Check "None" if the asset generated no income during	plans or IRAs), you may check the I "None" column. Dividends, inter-	or that gene come (such a	Check all columns that apply. For retirement accounts that do not allow you to choose specific	Type of Income	BLOCK C
×	X	×	×	× ×	× × × × × × × × × × × × × × × × × × ×	×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$10,001 - \$1,000,00 \$100,001 - \$1,000,00 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000 Over \$5,000,000	000		Current Year Preceding Year	income was earned or generated.	gains, even if reinvested, must be disclosed as income. Check "None" if no	other assets, indicate the cat by checking the appropri	ate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column.	For retirement accounts that do not allow you to choose specific investments or that gener-	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Steven Hobbs

,	118 1								SP, JT, DC		
					C	US Savings Book	Zillow Stock	Sarrus XM Radio Stock			BLOCK A Asset and/or Income Source
					×	Χ	*	Υ	\$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	ABCDEFGHIJKL	BLOCK B Value of Asset
					×	X	×	X	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	X	×	None		BLOCK D Amount of Income
									\$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$50,001 - \$100,000 \(\equiv \) \$1,000,001 - \$1,000,000 \(\equiv \) \$1,000,001 - \$5,000,000 \(\equiv \) Over \$5,000,000 \(\equiv \)		W

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SCHEDULE III — LIABILITIES

Name Stove Mobbs

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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 turni-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 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.

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		Department of Education	WSAA CROH COID	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
		Student loon	credit card	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			×		\$10,001— \$15,000	
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			Department of Education Student hour X	5	May 1998 Mortgage on 123 Main Street, Dover, Credit Card Student how	Creditor Creditor

SCHEDULE IV - POSITIONS

cer, 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. 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-

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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		Board Member	Position	and positions solely of an Horiorary flature.
		MILL Creek Foundy MCA	Name of Organization	alure: