N N	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, trans irst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
No	Yes	closed. Have you	d certain other "excepted trusts" need not be disclosed. Have you iid?	e on Ethics and dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepexcluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	UESTION	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	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.
No No	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	No	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.
No	Yes	or before the date	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.	№	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.
No	Yes	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No No	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.
No No	Yes	receive any regating more	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.	No U	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
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed more than	ity shall be ne who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Employing Office: Termination Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: TCXAS Status House of Representatives District: 13 Report Annual (May 15, 2012) Amendment
PM 3: 26	2012 MAY 14 PM 3: 26 U.S.9966686 Propries CLERK	HLL 201	Daytime Telephone: 202 - 225 - 3706	Daytime 1	Name: William McClellan "Mac" Thornberry
URCE CENTER	LEGISLATIVE RESOURCE CENTER	LEGIS			
Ü	HAND	<u></u>	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name William Thornburry

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.

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

							Embassy of Switzerland	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source
						_	Spouse Salary	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
	•						NA	NA	\$1,000	\$9,000	\$6,000	Amount

BLOCK A

Asset and/or Income Source

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific For all IRAs and other retirement plans (such as 401(k) value at the end of the reporting period. plans) that are self-directed (*i.e.*, plans in which you have

vide a complete address. For rental or other real property held for investment, pro-

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ing the reporting period.

if the asset generated no income dur

that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business tion in Block A ness, the nature of its activities, and its geographic loca-

Savings Plan. income during the reporting period); any deposits total-ing \$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 homes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or

please refer to the instruction booklet For a detailed discussion of Schedule III requirements optional column on the far left.

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

EXCEPTED/BLIND TRUST

(Specify: e.g., Partnership Income or Farm Income)

읂 for exam-See below (S) (partial) follows: indicate as sold, please an asset is portion of

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

m or m

DIVIDENDS

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

8 SP,

Examples:

18

Mega Corp. Stock Simon & Schuster

Brothers Cattle Partnership

Clarendon, Texas

13 Ownership - Thornbern

1st Bank of Paducah, KY Accounts

Indefinite

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 $\overline{\mathbf{x}}$

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Royalties

×

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S

(partial)

Value of Asset **BLOCK B**

please specify the method used method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because r If an asset was sold during the reporting

Type of Income

BLOCK C

Check all columns that apply. disclosed as income. Check "None" gains, even if reinvested, must be that generate tax-deferred income Dividends, interest, and capital may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you you to choose specific investments <u>or</u> retirement accounts that do not allow

> Amount of Income BLOCK D

Transaction BLOCK E orting 200 hases et had exceeding sales (S) changes ate if the

_										
	earned or generated.			interest, and capital gains, even if	the appropriate box below. Dividends,	cate the category of income by checking	"None" column. For all other assets, indi-	Deferred" in Block C, you may check the	For assets for which you checked "Tax-	
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Term Policy

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Thornberry

Γ																	45	sp, DC,	
														Blanced Fund R3	· American Funds American	· Stable Return Signature	Retrement Surings Plan, inc		BLOCK A Asset and/or Income Source
Г																		None ➤	
					l											\vdash		\$1 - \$1,000	
	_														×	×		\$1,001 – \$15,000 O	
	_															Γ	×	\$15,001 - \$50,000	<
Г												-						\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
	_																	\$100,001 - \$250,000	BLOCK B Year-End
													<u> </u>	1				\$250,001 - \$500,000 P	19.
Г																		\$500,001 - \$1,000,000 ±	B Ass
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Н	_												<u> </u>			 		NONE	
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┢	 					-				-	 	 	┢		×	×	×		e ĉ
							,											Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Ф
	<u> </u>														×	×	X	None -	
	<u> </u>						<u> </u>											\$1 – \$200 =	Απ
Ŀ																		\$201 – \$1,000 =	BLOCK D Amount of Income
									L									\$1,001 - \$2,500 <	int BL
																		\$2,501 – \$5,000	BLOCK D
		[\$5,001 − \$15,000 ≤	i î
Г				-	Ţ					 Î	1	Ţ						\$15,001 - \$50,000 <u>≤</u>	<u>6</u>
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SCHEDULE IV— TRANSACTIONS

Name William Thornberry

Page 5 of 8

							Balanced Fund R3	· American Funds American	· Stable Return Signature	SP Retirement sournes Plan, inc.	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e. "nartial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
								×	×				PURC	IASE		of Tr
						-					×		SALE			Type of Transaction
													EXCHA	NGE		tion
													Check B Gain Exc			1
								monthly	monthly		10–12–11		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
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				<u>-</u>									\$50,000,0 Over \$50,000,0		_	

SCHEDULE V— LIABILITIES

Name William Thornbury

Page 6 of 8

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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, 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 preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

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	i	Depurtment of Education	Amurillo National Bunk Amarillo, TX	Amurillo National Bank	Example:		
		7	Nati	Nat	First		l
		f Edi	ona.	ional	First Bank of Wilmington, DE		l
		icatio	ranil Basi	Bank Romarillo, 1X	Wilmin	Cre	
		3	NO N	illo, 1	gton, Di	Creditor	
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		My 2007 Student Loan	June 2007 Home Equity Line of Credit	Feb. 2009 Mortuge, Alexandria VA	May 1998	Date Liability Incurred Mo/Year	ļ
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		Struc	Jame E	nortu	Mor		Ì
		tent	tmp t	uge, A	Mortgage on 123 Main St., Dover,	7	
		6	Line	lexar	n 123 N	pe of	
		3	5	dria	/ain St.,	Type of Liability	1
			redit	VA	, Dover,	ΪŸ	
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						\$5,000,000	
						\$5,000,001- \$25,000,000	
						\$25,000,001- \$50,000,000	
						Over \$50,000,000	_

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed by the sponsor. **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

Sornos	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	. DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Y	2 Days
Heritage Foundation-Mombers	Jan. 27-30	Jan. 27-30 DC-los Angeles-DC	Υ	γ	Y	None
Putreat, Reagon Library						
				_		

SCHEDULE VIII—POSITIONS

Name William Thornberry

Page 8 of 6

tions); 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 political parties and campaign organiza-

- 177	
Position	Name of Organization
Partner	Thornberry Brothers (attle-Clarendon, TX

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

Date		Ī		
Parties To				
Terms of Agreement		:		
reement				