<b>EXEMPTION</b> —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 "ves" unless you have first consulted with the Committee on Ethics.	<b>TRUSTS</b> —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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EAC	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?  Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	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 No Did you have any reportable agreement or arrangement with an outside entity?  With an outside entity?  If yes, complete and attach Schedule V.	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 No 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.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	In all sections, please type or print clearly in blue or black ink.	Filer Candidate for the State: CYAS Date of Mpy 29, 200 Amendment Status New officer or Employing Office: Check if		Name: Rose Meza Harrison Daytime Telephone:	UNITED 3T/, TE3 HOUSE OF REPRESENTATIVES FINANCドエ JRSCLOSURE STATEMENT Period covered: January 1, 20以 - 一のルルス ちしけしっ
lependent child Yes	not be Yes	EACH OF THESE QUESTIONS	each "Yes" response	\$5,000 from Yes	rrangement Yes	before the date or two years? Yes			A \$200 penalty shall be assessed against any individual who files more than 30 days late.	(Office, Use C	1 A LEGH	MAY 15 2012, Page 1 of &
No	□ No □	TIONS	O	No D	N S	8 5			il be assessed fual who files ate.	Office Use ONIN IS OF THE CLES	2012 MAY 23 PM 1: 44	12, Page 1 of _6

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Rose M. Hervison

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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.	Security Act.
	Timo	- Amount	unt
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- F	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Nucces Count Compus Christi, TX	NAIAYS	17,353-21	53 230
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Glany)	(SLM EDICATION)		Examples:	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, 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 Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (\$P) 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.	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, provide only the name of the institution holding the
	×	×	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  \$500,001 - \$1,000,000  \$500,001 - \$5,000,000  \$500,001 - \$5,000,000  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0	BLOCK B  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."
488140	Y Cheellahor	×	Royalties	×	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  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	None	Amount of Income  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. 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.

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Name Lose M. Harrison

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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 furniling 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 sib-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

					SP, DC, JT
		- \	Direct Loans US Dent. of ED. Nov. 2009	Example: First Bank of Wilmington, DE	Creditor
			Nov. 2009	May 1998	Date Liability Incurred mo/year
			STUDENT LOMS	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001 \$15,000 <b>&gt;</b> \$15,001
					\$50,000 <b>5</b>
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## 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-

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.	nature.
Position	Name of Organization

## SCHEDULE V — AGREEMENTS

Name Rose M. Harrison

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Terms of Agreement		- 1
it with respect to: future employment; a leave of absence during the period of government her than the U.S. Government; or continuing participation in an employee welfare or ben-	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer.	

Date	Parties To	Terms of Agreement

## 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, Hometown, Homestate	Accounting services