×	Yes	child because	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	rst consulted v	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.	EXEMPTION they meet a
× ×	, ,	closed. Have you	d certain other "excepted trusts" need not be dis	on Ethics and dependent chi	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 dependent child?	TRUSTS—C
	DESTIONS)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
the)nse.	wered and 'Yes" respo	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _o	V. 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 V.	V. Did you, y liability (mon
ĕ ×	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× ×	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, or exchange \$1,000 durir
× ×	1	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? **Yes Complete and attach Schedule III.**	III. Did you, income of m reportable au
₹ ×	68	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.	₹	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period? If yes, complete and attach Schedule II.	Ii. Did any individ lieu of paying you reporting period? If yes, complete
8 ⊠	.	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 yee, complete and attach Schedule VI.	S C	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 X	i. Did you or fees) of \$20 If yes, com
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	PRELIMI
000	30 days late.	30 days late.	X Termination 1-2-13		X Annual (May 15, 2012) Amendment	Report Type
ssessed	A \$200 penalty shall be assessed	A \$200 pena	Employing Office:	Officer or Employee	Member of the U.S. State: C.I. House of Representatives District: V.J.X.	Filer Status
Z	COffice Use Only)	OFFICE OF RE			VOC IMICH	
	% I: 33	013 JAN 31 PM 1: 33	Davtime Telephone:	Davtime 1	JAF RAMA	
	URCE CENTER	TEDISLATIVE RESOURCE CENTER	11			
KEU	HAND DELIVERED	HANDI	Form A For use by Members, officers, and employees	S M	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT	UNITED

Name
JOE
BACA

Page 2 of 2

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.

Exercises, relined by (week to remove when a control page) was an entire to grain, and you	perionia received unider the Overal Decurity Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA.
RIMTO Unfiel Share District	Spouse Salary	N/A
		And the second state of the second se
		And the second s
		 Control of the state of the sta

Rewire Home, Richard	American Noth Ins.	CA. Pous Renzement	Ct. PERS Represent	CTE VERION - Stock	JT 16! Bank of Pathoph, KY Accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Slock	the name of the institution holding the 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 a personal checking or saving accounts; and any financial interest in, or income derived from, a tederal 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 (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.	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
	>=	*	×	X	×	indefinite	X	None	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."
×	×	×	×	×	×	Hoyaltes	×	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 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 "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	X	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 ≦ \$100,001 - \$1,000,000 ∑ \$1,000,001 - \$5,000,000 ∑ Over \$5,000,000 ∑	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, indi- cate 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.
							S (partiel)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for exam- ple. P. S.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a

SCHEDULE VIII—POSITIONS

Name JOE BACA

Page 4 of 4

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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-

 _		_			
			BARRO IF Directors	Position	
			CHOI - (Cong. Alexania Causes Cattle)	Name of Organization	

SCHEDULE IX—AGREEMENTS

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. 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

 Date	Parties To	Terms of Agreement