| ₹ | dent child Yes | ties of a spouse or dependent child committee on Ethics. | "unearned" income, transactions, or liabilities unless you have first consulted with the Com | arned" income ss you have fi | าer assets, "une swer "yes" unle | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Comr |
|-----------------------|---|--|---|-----------------------------------|-------------------------------------|--|
| ₹ | Yes | cepted trusts" need not be nt child? | cs and certain other "ex | nittee on Ethic ling you, your | ed by the Comr h a trust benefi | 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? |
| S | EACH OF THESE QUESTIONS | S | MATION — ANSW | TINFOR | OR TRUS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION |
| | attached for each "Yes" response. | | ppropriate schedu | and the a | e answered | Each question in this part must be answered and the appropriate schedule |
| N _S | 0 from Yes X | 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. | VI. Did you receive compens a single source in the two prid If yes, complete and attach | N _O | Yes X | 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. |
| × | ment Yes | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | V. Did you have any reportat with an outside entity? If yes, complete and attach | 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. |
| № | the date 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. | IV. Did you hold any reproof filing in the current call if yes, complete and att | N _S | 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. |
| | | | - ANSWER EACH OF THESE QUESTIONS | OF THES | ER EACH | PRELIMINARY INFORMATION — ANSWI |
| | | | | | | in all sections, please type or print clearly in blue or black ink. |
| assessed who files | A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late. | Check if A A Ambendment ag mc | n: | Date of Election: | ng Office: | Filer Candidate for the House of Representatives District: Candidate |
| LERK | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) | 0 | Daytime Telephone: | Daytime | | Name: CHRIS STEWART |
| 2: 05 | 2012 FEB 23 PH 2: 05 | | | | | |
| Page 1 of | FEB 1 0 2012 Page 1 of 2 | ew employees | FORM B For use by candidates and n | 77 | ATIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - Nov 30 201 |
| ` | | | | | | |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name CHRIS STELJART Page 2

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Examples: 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. 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 MERCURY KADIO ARTS THE SHIPLEY IME SHIPLEY GROUP THE SHIPLEY GROVE Harris County, Texas Public Schools XYZ Trade Association, Chicago, IL (Rec'd December 2) First Bank & Trust, Houston, TX XYZ Corporation, Houston, TX Source (include date of receipt for honoraria) GROUP WK.TING Salary Spouse Salary Director's Fee Honorarium OTHER SALARY CHER INCOME Type NOWE **Current Year to Filing** 30,000 43,558.41 10,000 \$6,300 \$400 ž Amount 50,050 143,800 Preceding Year \$28,450 \$3,200 \$1,000 ΧÃ

| WELLS TARGO | Z | | FARMINGTON UT CONSUMA | 1st Bar | Examples: | SP Mega Corp. Stock | 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 refirement 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 Identity (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 | × | \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 | ABCDEFGHIJKL | Value of Asset 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." |
| | | | * | × | Royalties | | DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | 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 | × | None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 ⋜ \$5,001 - \$15,000 ≦ \$5,001 - \$100,000 ≦ \$50,001 - \$100,000 ₹ \$100,001 - \$1,000,000 ₹ \$1,000,001 - \$5,000,000 ₹ None - \$201 - \$1,000 ≡ \$201 - \$1,000 ₹ \$2,501 - \$5,000 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ₹ \$50,001 - \$100,000 ₹ \$50,001 - \$100,000 ₹ \$1,000,001 - \$1,000,000 ₹ \$1,000,001 - \$5,000,000 ₹ | Current Year Preceding Year | 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. |

SCHEDULE III — LIABILITIES

Name CHRIS STEWART Page 4 of 5

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 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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 | |
|---|---|------------------|--|---|---------------------|
| | | エスヨ | Example: First Bank of Wilmington, DE | Creditor | |
| | 1 | Aug 2009 | May 1998 | Date Liability Incurred mo/year | ! |
| | | CO-SIGN ON SON'S | Mortgage on 123 Main Street, Dover, DE | Type of Liability | |
| | • | X | | \$10,001— \$15,000 | |
| | | | | \$15,001— \$50,000 D | |
| t | | | | | |
| | | | × | \$100,000 C | A |
| | | | × | \$100,001— \$250,000 □ \$250,001— | Amoun |
| | | | X | \$100,001— \$250,000 | Amount of Liz |
| | | | × | \$100,001— \$250,000 m \$500,000 m | Amount of Liability |
| | | | X | \$100,001— \$250,000 m \$250,000 m \$500,001— \$1,000,000 m | Amount of Liability |
| | | | X | \$100,001— \$250,000 m \$500,001— \$1,000,001— \$5,000,000 G \$5,000,001— \$5,000,000 T | Amount of Liability |

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 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.

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 a political party or campaign organization);

| and positions solely of air notionally nature. | attire. |
|--|--|
| Position | Name of Organization |
| RESIDENT | THE SHIPE GROUP A CONSULTING COMPANY LOCATED IN FARMINGHOUS UT |
| | |
| | |
| | |
| | |

Use additional sheets if more space is required

SCHEDULE V — AGREEMENTS

Name CHRIS STEWART Page 5 of 5

| 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 or continuing participation in an amployee welfare or hen- |
|--|
| service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee weltare or ben- |
| efit plan maintained by a former employer. |

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
| | | |
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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 I.**