mulary 1/2011 — H2011 — H2011 — Daytime Telephone: A \$200 pc	2012 APR 12 PH 2: 15 U.S.HUJCE OF LEFRESCURCE CENTER (Office Use Only) Trailty shall be assessed in y individual who files 30 days late. Yes
for use by candidates and new employees	
n (1) 2 2 For use by candidates and new employees	
for use by candidates and new employees	
	INE RESOURCE CENTER
	ラフェン - Du ン・Iカ
	C1 5 13 71 X
Marshy 11/24 Daytime Telephone:	-
(by 1/2) 1/200 O 0/1/60	
U.S. House	COF NET NESERBALLACO
(Office Use	Only)
X Candidate for the State: TX Date of $5/29//2$ Check if	
Amendment Ciecum:	¥ho
New officer or	
Employing Office:	late.
In all sections release type or print clearly in blue or black ink	
III all documents) process () per on print eleviny in allow on billion	
l	
Yes No No No if ling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	
Yes No No No No No No It you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	
No X If yes, complete and attach Schedule VI. 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.	□ × ×
part must be answered and the appropriate schedule	se.
	;
DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE	STIONS
proved by the Committee on Ethics and certain other "excepted trusts" need not be	N ∨
and a man action of the food of the state of	
FION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	₹

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Mursty Alade Unalthage 2 of 6

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 henefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	eceived under the Social S	security Act.
	Type	Amount	unt
Source (include date of receipt for honoraria)	y be	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- i	Director's Fee	\$400	\$3,200
Examples: XY7 Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
M/A	A / H	11/1	EJ/A

Asset and/or Income Source BLOCK A

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. cific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you (do not use ticker symbols). Provide complete names of stocks and mutual funds For retirement accounts which are not self-directed have the power, even if not exercised, to select the spe-

method used. Value of Asset

only because it generated reporting year and is included If an asset was sold during the "None." income, the value should be

BLOCK B

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

Check all columns that apply. For retirement accounts that do not allow you to choose specific est, and capital gains, even if reinvested, must be disclosed investments or that generate tax-deferred income (such as 401(k) the reporting period. plans or IRAs), you may check the "None" column. **Dividends**, interasset generated no income during as income. Check "None" if the

Type of Income BLOCK C

BLOCK D

Amount of Income

gains, even if reinvested, must be disincome by checking the appropriate box below. Dividends, interest, and capital or IRAs), you may check the "None" column. ate tax-deferred income (such as 401(k) plans For retirement accounts that do not allow you closed as For all other assets, indicate the category of to choose specific investments or that generincome was earned or generated. income. Check "None" if no

								DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	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.	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.	For rental or other real property held for investment, provide a complete address.	provide only the name of the institution holding the account and its value at the end of the reporting period.
						×				None					>
	_			↓—	 	<u> </u>	L _	<u> </u>	╄	-	\$1,000				<u>B</u>
┡				 	1		1	ם	-		1 - \$15,0	·			0
⊢	-		 	 	-		╄	Indefinite	L		01 - \$50				0
\vdash	\dashv		 	+-	+	 	×	00	×		01 – \$10 ,001 – \$2				П
\vdash			 	+-	+	 	ť	╌	-		,001 – \$2 ,001 – \$5				<u>و</u>
H				+	+	†	-		t		,001 – \$1				Ī
Г				1		1	1	1	1			\$5,000,000			
				<u> </u>			Ι		1			\$25,000,000			٦
									1	\$25,0	00,001 -	\$50,000,000			~
				T				Ĺ			\$50,000,	000			二
				\mathbf{I}		X	L	1	×	NON	E				
<u> </u>			ļ <u>.</u>	_		ļ	L	L	-		DENDS				
┕			<u> </u>	↓—		 	×	<u>!</u>	<u>!</u> _	REN					
┡			<u> </u>	↓	+	<u> </u>	┺	╄-	 		REST				
<u> </u>			 	∔	 	┼	₽	1	+-		TAL GAIN	NS LIND TRUST			
								Hoyalties			r Type of ify: e.g., Pa	Income irtnership Income or	· Farm Incom	16)	
Г				1		X	Т			None	,		-	T	
			T	1			T	1	Τ	\$1	\$200			1	ı
							Γ		Ι	\$201	- \$1,000)	=		ا ۾
									×		01 - \$2,5		~		Current Year
			1	<u> </u>	1	1	×	×	4		01 – \$5,0		<	1	급
<u>_</u>		<u> </u>	 -	4—			1	1	+	-	01 - \$15,		<u> </u>		₹
			1	-	1	-	1-	-	+		001 – \$50		≦		ゟヿ
			 	4—		+-	1-	1	+-	·	001 – \$10		<u> </u>		2
\vdash		ļ	 	+-		+-	+	+	-			1,000,000 #E 000,000	×	_	l
-		-		 		1	1	÷	\dotplus			\$5,000,000	×		
-		<u> </u>	+	-	+	₩	╄	+	┿		\$5,000,0	<i>1</i> 00	×	_	\dashv
-		 	-	1-		×	╀	∔	\dotplus	None					
\vdash		_	-	+-	+	+	╀	+	+		\$200	····	=	_	_
\vdash			 -	+-	-	+	╁	╀	×		_ \$1,000 01 — \$2,5			_	Preceding Year
\vdash			+	+-		+	╁	; ; ;	-	+	01 – \$2,5 01 – \$5,0			\exists	န္တံ
-		 	1	+	+-	+	† ^	+	-		01 - \$3,0 01 - \$15,				<u>ĕ</u> .
\vdash	-	†	╁┈	+-	+	+	╁╌	+	+		01 – \$15, 001 – \$50			Η,	اق
-		 	╁┈	+	1	+	╁	t	╁		001 - \$30		Y V	⊢ `	⊼ Ι
1-		+	}		+	+	╆	+	+-			1,000,000	<u>=</u>	:	ä
		1													
H				+-	+ -	-	╁	+	+	+		\$5,000,000		`	"]

4

8

Ę,

SP,

Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME Asset and/or Income Source BLOCK A × None \$1 - \$1,000 Œ \$1,001 - \$15,000 C \$15,001 - \$50,000 0 Value of Asset \$50,001 - \$100,000 Ε BLOCK B Ħ \$100,001 - \$250,000 Q \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None \$1 - \$200 = \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 X VI VIIVIII IX \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D × Over \$5,000,000 X None \$1 - \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 XI IIIVIIIV IV V VI \$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

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Muspy flade Junaid Page 5 or &

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 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-

			j.		SP, DC, JT
	,		Many of Mydowly	Example: First Bank of Wilmington, DE	Creditor
			6/2012	May 1998	Date Liability Incurred mo/year
		front '	6/2012 Lown & Compaign	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
		×			\$15,001— \$50,000 D
					\$50,001— \$100,000 O
				×	\$100,001— \$250,000 D
<u> </u>				_	\$250,001— m \(\frac{1}{2} \)
				_	\$250,000 m \$250,001 m \$500,000 m \$1,000,000 n
				_	\$5,000,000
				lacksquare	\$25,000,000 ± \$25,000,001—
				-	\$50,000,000
					\$50,000,000

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 all horiotally flature.	aine.
Position	Name of Organization
N/A	N / A

SCHEDULE V — AGREEMENTS

	Name /	
I	5	
	pfa	
	£	
I	2	
I	12	
I	2	
	Ĭ.	
	Page	
	0	
1	Q.	

efit 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 employee welfare or ben-	
--------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

ent pari mank	ent pian maniamen by a control employer.	
Date	Parties To	Terms of Agreement
NA	$\mathcal{H} / \mathcal{M}$	N/A

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.**

	Brief Description of Duties
Source (Name and Address)	File: Peaci buot of Pance
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
A TA	L1 /A