8	Yes	pendent child	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.
₹ <u>X</u>	Yes 🔲	ot be	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?
<i>w</i>	QUESTIONS)F THESE (EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	esponse.	each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
₹ X	Yes	}5,000 from	ill. 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.
₹ X	Yes	angement	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 III Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.
8	×es	efore the date r two years?	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 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.
assessed who files	10	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	Filer Candidate for the State: Hr. zone Date of 8/28/2012 Check if House of Representatives District: 3 Election: 8/28/2012 Amendment Employee
2012/11/1/25 F/: 12: 0 U.S. HOUSE OF REPRESENTANT Ice Use Only)	2012 1177, 0.75 1177, 0.3. 11005 217, (Office Use Only)		Name: J. Manuel Arreguin Daytime Telephone.
Page 1 of 9	MAY 15 2012		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - May 15, 2012 For use by candidates and new employees

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name J. Manuel Arreguin

Page 2 of 9

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.

Amount	onioni programo, and penensi	eceived dilider the Jodian Jed	becully Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
El Rio Community Health Center, Tucson, Az	Salary	96,995	238,224
Tucson Medical Center, Tucson, AZ	Stipend	12,600	7,803
Urological Associates / Pimienta Medical, Tucson, AZ	Consulting fee	2,000	4,000
Catalina Foothills School District, Tucson, Az	Spouse Salary	NIA	N/A
Ama County, Tueson, AZ	Spouse Salary	N/A	NA
•			

For additional assets and unearned income, use next page.

BLOCK D 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 relinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Current Year Preceding Year	≡ 000,1\$ - 103\$ ≡ 000,2\$ - 100,1\$ > 000,2\$ - 100,1\$ > 000,0\$ - 100,2\$ ≥ 000,000 - 100,2\$ ≥ 000,000 - 100,2\$ ≥ 000,000 - 100,0\$ ≥ 000,000,0\$ - 100,0\$ > 000,000,0\$ - 100,0\$ > 000,000,0\$ - 100,0\$ > 000,000,0\$ - 100,0\$ > 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ - 100,0\$ ≥ 000,000,0\$ - 100,0\$ - 100,0	×	×		×	× ×		X	×	×
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.		PIVIDENDS CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Alone \$1 - \$200 = \$1 - \$200 = \$1 - \$200		Royalties		×	×		X	X	X
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 a fincome, the value should be a fincome.	0 0 1 1 1 2 1 3 1 3	None \$1 - \$1,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$100,000 \$250,001 - \$50,000,000 \$250,001 - \$50,000,000 \$250,001 - \$50,000,000 \$250,001 - \$50,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,001 - \$25,000,000	×		×	*	×		x x	×	×
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.				DC, Examples: Simon & Schuster		27 1939 E. Edison St. TucsonAz 8gglg	57 2502 E. Oradomen Tusm,Az85716	Wells Farge Advisors Simple Ida	· Mass Inv. Contastk Fund CAA	· Mass Inv. Gruph Str Fund alc	·Cash

Name J. Manuel Arreguin Page 4 of 9

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Name J. Manuel Arreguin

Page 5 of 9

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Name J. Manuel Arreguin

Page 6 of 9

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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 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 ling 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-

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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-

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);

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Position	Name of Organization
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Chief-of-Staff blect TMC Tucsor Medical Center	Tucsor Medical Center
Consultant	Krological Associats / Pimienta Medical
Partner	Breech Office, LLC
Partner	Dolphin Beach, LLC

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name J. Manuel Arreguin

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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

Date Date Creditor Credit			 _		_	_
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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-

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);

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Position	Name of Organization
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SCHEDULE V — AGREEMENTS

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Page 7 of 9

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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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services