

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - March 15, 2012

Name: Armando R. Villalobos

Daytime Telephone: \_\_\_\_\_

APR 05 2012

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LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>TEXAS</u>	Date of Election: <u>5/29/2012</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: <u>34</u>	Employing Office: _____		

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**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? Yes ☐ No ☒

**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. Yes ☐ No ☒

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**Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.**

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## Block D

*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.*

			Preceding Year
		None	I
		\$1 - \$200	II
	X	\$201 - \$1,000	III
		\$1,001 - \$2,500	IV
X	X	\$2,501 - \$5,000	V
		\$5,001 - \$15,000	VI
		\$15,001 - \$50,000	VII
		\$50,001 - \$100,000	VIII
		\$100,001 - \$1,000,000	IX
		\$1,000,001 - \$5,000,000	X
		Over \$5,000,000	XI

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## Continuation Sheet (if needed)

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**This name may be copied if more space is required.**

# SCHEDULE III - LIABILITIES

Name Armando R Villalobos

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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 furniture, 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A \$10,001 — \$15,000	B \$15,001 — \$50,000	C \$50,001 — \$100,000	D \$100,001 — \$250,000	E \$250,001 — \$500,000	F \$500,001 — \$1,000,000	G \$1,000,001 — \$5,000,000	H \$5,000,001 — \$25,000,000	I \$25,000,001 — \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
ST	American Express	12/2011	Credit Card	X										
	School Loans (AES)	09/1986- 05/1994	Student Loans				X							
SR	School Loans	09/1986- 05/2001	Student Loans		X									

# 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.

**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.

Position	Name of Organization
Member	South Texas HIBTA Executive Committee
Member	DPS Sword & Shield Civic Organization
Member	Cameron County Auto Crimes Task Force
Member	Local COG - Criminal Justice Advisory Committee
Member	Bay's Scouts of America - Rio Grande Council Board

# SCHEDULE III - LIABILITIES

Name

*Amendo R. Villalobos*

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SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A \$10,001 - \$15,000	B \$15,001 - \$50,000	C \$50,001 - \$100,000	D \$100,001 - \$250,000	E \$250,001 - \$500,000	F \$500,001 - \$1,000,000	G \$1,000,001 - \$5,000,000	H \$5,000,001 - \$25,000,000	I \$25,000,001 - \$50,000,000	J Over \$50,000,000
	<i>Example: First Bank of Wilmington, DE</i>	<i>May 1998</i>	<i>Mortgage on 123 Main Street, Dover, DE</i>				X						

# 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.

**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.

Position	Name of Organization
<i>Member</i>	<i>Cameron County Child Fatality Review Team</i>
<i>Member</i>	<i>Cameron County Childrens Advocacy Center Board</i>

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## Terms of Agreement

**SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

### **Brief Description of Duties**

### Accounting services

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