Name: faren Bass    Name: faren Bass   Daytime Telephone:   Daytime Tele	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  EXEMPTION—Have you excluded from this report any other assets "unparted" income transactions or liabilities of a spouse.	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	id have any reportable Yes X No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No X and \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" reportable asset worth more than \$1,000 at the end of the period? Yes X No If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.  VII. Did any individual or organization make a donation to charity in VII.  If yes	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  X  If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	X Amendment	Filer  Status  Member of the U.S. State: CA  X House of Representatives District: 37  Cfficer or Employee	Name: Karen Bass Daytime Telephone:		UNITED STATES HOUSE OF REPRESENTATIVES  CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT  For
- 8 - 8 - 8 - 8 - 8 - 8 - 8 - 2 - 12 - 8 - 8 - 8 - 8 - 8 - 8 - 12 - 12		0		— ANSWER EACH OF THESE	Each question in this part must be answered appropriate schedule attached for each "Yes" re	or arrangement with	n or before the date	Yes	Yes	IIAEC	Termination Date:		M	42	Form A use by Members, officers, and employees

BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or income source	value of Asset		Amount of Income
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	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method	Check all columns that apply. For retirement accounts that do not allow you to choose specific invest-	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate
reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	used.	ments or that generate tax-deferred income (such as 401(k) plans or	the category of income by checking the
Provide complete names of stocks and mutual funds (do not use ticker symbols.)	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	and capital gains, even if reinvested, must be disclosed as income. Check "None" if
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	* This column is for assets held solely by your spouse or dependent child.		This column is for income generated by assets held solely by your spouse or
For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.		╣,	ent child.
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.	D	come)	
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 federal retirement program, including the Thrift Savings Plan.	000	UST	
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.	0,000 00,000 250,000 500,000 1,000,000 \$5,000,00 \$25,000,00 - \$50,000	BLIND TRI RED f Income	500 5,000 6,000 60,000 11,000,000 \$5,000,00
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	None \$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$250,001 - \$ \$1,000,001 - \$ \$1,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$	NONE DIVIDENDS RENT INTEREST CAPITAL GA EXCEPTED/I TAX-DEFERF Other Type o (Specify: e.g.,	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,6 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$1,000,001 - \$ Over \$5,000,
SP. Mega Corp. Stock	×	×	×
DC, Examples: Simon & Schuster  1st Bank of Paducah, KY Accounts	indefinite X	Х	×
One West Bank	X	X	×
Teachers Insurance & Annuity Assoc. College Retirement Equities Fund (TIAA CREF)			
-TIAA Traditional Account (No reportable individual assets)	×	×	×
-CREF Stock (No reportable individual assets)	×	×	×
University of Southern California Retirement Savings 401(a)			
-Fidelity Magellan (No reportable individual assets)	X	X	×

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Page 3 6

Karen Bass

																					SP, DC, JT	
																	Residential Rental Property located in Sacramento, CA	-Fidelity Magellan (No reportable individual	University of Southern California Retirement Savings 403b	-Fidelity Cash Reserve		BLOCK A  Asset and/or Income Source
																					None ➤	
			<u> </u>																		\$1 - \$1,000	
																					\$1,001 - \$15,000	
																		×		×	\$15,001 - \$50,000	<u> </u>
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						!												į			ur û n	BLOCK E Transaction

## SCHEDULE V— LIABILITIES

Name Karen Bass Page 4 of 6

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 preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child. 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 year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

	i	:				SP, DC, JT
			Green Tree Mortgage	Land Home Mortgage	Example:	
			Mortgage	Mortgage	First Bank of Wilmington, DE	Creditor
			Jan. 2005	Nov. 2009	May 1998	Date Liability Incurred Mo/Year
			Mortgage on Rental Property (Sacramento, CA)	Mortgage on personal residence (Los Angeles, CA)	Mortgage on 123 Main St., Dover, DE	Type of Liability
						\$10,001- \$15,000 <b>&gt;</b> \$15,001-
$\vdash$				1		\$50,000 <b>6</b>
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					_	\$5,000,001- \$25,000,000 <b>±</b> \$25,000,001-
					_	\$50,000,000 T
						\$50,000,000 <b>C</b> Spouse/DC Liability Over \$1,000,000*

## SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
University of Southern California	Scholarship (waiver to accept scholarship received from Committee on Ethics)	\$4,460
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Page of C	Karen Bass	<u>₹</u>	Name
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

-	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evamplac	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
,	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland		Y	\ \	2 Days
Casey Family Programs	Programs	July 29-30, 2012	Los Angeles - Saginaw, MI - DC	<b>Y</b>	<b>Y</b>	Z	None
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Name Karen Bass Page 6 of 6

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-

Position	Name of Organization
Boardmember	New Roads School
Boardmember	Liberty Hill Foundation
Boardmember	Vista Del Mar

## **SCHEDULE IX—AGREEMENTS**

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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	
				Ó	
			:		
				Terms of Agreement	
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