EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No X	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 If yes, complete and attach Schedule II.	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 lifyes, complete and attach Schedule I.	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE	Filer Candidate for the State: AC Date House of Representatives District: CS Elect Status New officer or Employing Office:	Name: John Scott Kesulle Daytim	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - 30,413.12
"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	thics and certain other "excepted trusts" need the spouse, or a dependent child?	- AN	appropriate schedule	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.	SE QUESTIONS	Date of كالمرك	Daytime Telephonε	FORM B For use by candidates and new employees
dependent child Yes	not be Yes	SWER EACH OF THESE QUESTIONS	attached for each "Yes" response.	1 \$5,000 from Yes	arrangement Yes	before the date for two years? Yes		A \$200 penalty shall be assessed against any individual who files more than 30 days late.	2012 M/Y 24 PN 5: 35 Office Use Only)	MAY 1 5 2012
N _o	8	S		No K	No No	No U		assessed who files	Statues	Page 1 of

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name John Scott Kecolle Page-

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.

The second of th	Cinotic programs, and portons	cocived direct are occidi	Coding For
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (monde date of receipt for notice and)	, y p.c	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamnies: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary		NA
John S. Kenolle DOS PA: Salisbuy NC	Sulary	36,000	149.812
State of NC: Raleigh NC	Sports	KA.	1519.
MIC chanical: Isalin NJ	5,000	7 2	I SYLL
, ,			27 ST 10000
			OSCE C POPE S POPE S PO
			Le:
			\$3N
			5 5

	÷)			3	-8	5	Ŗ	Se l	For the	the der	tha loc	P F	ide of i the rep mo pola in i nav pro
John S. Kewle 11135 HT Stock		Avidery plat Hill	Salishow	Polyman F	Nurtual Fund		Examples:	P. SP Mega Corp. Stock	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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and multual 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 account and its value at the end of the reporting period.
1		ΝC	<u></u>)	STUTES			end- o), in	ond ental- otal- ings orne ding	ness ousi- lphic	rent,	bion bio at bio at bio at bither ated ear. ands bir(k) bir(k) you you you held bids. thed, the
X	X	X	×	><	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$50,001 - \$100,001 - \$250,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1 \$25,000,001 - \$1 Over \$50,000,000	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000		0 0 0 0 0 0 0 0	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 "None." A B C D E F G H I J K L
X				X				×	NONE DIVIDENDS				Che retir allow inve defe plan "Non est, rein asset the
	X	X	X	340	×	×	Royalties		RENT INTEREST CAPITAL GAII EXCEPTED/B Other Type of (Specify: e.g., Pa	BLIND TRUST	Farm Income	<u>)</u>	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	X	X	× ×	<i>×</i>		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15,0 \$15,001 - \$16,0001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,001 - \$100,0001	00 00 000 0,000 0,000 1,000,000 \$5,000,000 00 00 00 00 00 00,000 1,000,000 \$5,000,000		Current Year Preceding Year	mount of Inco accounts that d cific investments ad income (such may check the ' assets, indicate t hecking the ar ends, interest if reinvested, ncome. Check arned or genera

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

Name John Scott

Keadle
Page 2 of 2

			40	SP, DC	
		4	continue reporte existent stock truby Gunty MC washing the Mark Accounts	Strong B	BLOCK A Asset and/or Income Source
		× ×	× × ;	None	BLOCK B Value of Asset
		>	×	NONE DiVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
		× 5	× × × × × × × × × × × × × × × × × × ×	None	BLOCK D Amount of Income
			>	\$201 - \$1,000 \(\equiv \) \(\frac{1}{5},001 - \frac{1}{5},000 \\ \equiv \) \(\frac{1}{5},000 - \frac{1}{5},000,000 \\ \equiv \) \(\frac{1}{5},000,000 \\ \equiv \)	

This page may be copied if more space is required.

SCHEDULE III - LIABILITIES

Name John Scott Kewelle

Page ____ of _

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 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-

					JT OC.
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
Ì					\$10,001— \$15,000
					\$15,001— \$50,000 © \$50,001—
.					\$100,000
				×	\$250,000 D Amount
			 		\$250,000
					\$1,000,001— a bility
					\$5,000,001— エ
					\$25,000,001— \$50,000,000
į					Over \$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); ind positions solely of an honorary nature

and positions solely of an ilonorary nature.	ature:
Position	Name of Organization
Dresident	Keaply No fessional Properties
Avector	Stop Child Abuse Now Freeld County (SCHM)
Honorary Charlimony (Lynnia)	Honorary Charling (Regional) Americans For Mesperity North Concline