№	Yes	pendent child	nsactions, or liabilities of a spouse or dependent child onsulted with the Committee on Ethics.	"unearned" income, transactions, or liabuniess you have first consulted with the	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
% №	Yes 🔲	it be	d certain other "excepted trusts" need not use, or a dependent child?	ittee on Ethics ar	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?
S	EACH OF THESE QUESTIONS	F THESE (- ANSWER	T INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	opriate schedule attached for each "Yes" response	and the app	Each question in this part must be answered and the appropriate sche
N ₀	Yes 🔲	55,000 from	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.	No Signal as a signal as s	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.
× No	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8 	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 fyes, complete and attach Schedule II.
8	Yes 🔀	efore the date r <u>two</u> years?	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.	No IV.	t. 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 Yes
			EACH OF THESE QUESTIONS	OF THESE	/ER
					in all sections, please type or print clearly in blue or black ink.
Wild liles		more than 30 days late			Status New officer or Employing Office:
sessed		A \$200 pen	Check if Amendment	Date of 8	Filer Candidate for the State: A State:
NEW COLUMN	US HOUSE only)				
PH 1: 05	2013 JUL 1 1 PM i: 05	/	ephone [,]	Daytime Telephone	Name: Andrew Scott Walter
					Period covered: January 1, 500 - 47 100 100 100 100 100 100 100 100 100 10
3 e 1 of <u>(0</u>	JUL 0 3 2013 1 or 10	S	FORM B For use by candidates and new employees	For	E OF REP
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name the rew るまた

> Page 9 of 10

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.

						Fees	eyer Retrement Plan Pension	Salary	Spouse Salary	, IL (Rec'd December 2) Honorarium	First Bank & Trust, Houston, TX Director's Fee	XYZ Corporation, Houston, TX \$6,300	Current Year	
					•	6,292	7,520	10,937	NA	0	\$400	\$6,300	Current Year to Filing	Amount
					•	18,876	22,560	58,173	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt

Midhist Bank	Wells Forge	Wells Figo	Wells Fargo	Real Estate Scothade,	NFL 401(K) x seemle		Examples:	SP Mega Corp. Stock	that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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. 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 II requirements, please refer to the instruction booklet.	For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business	account and its value at the end of the reporting period.	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, provide only the name of the institution holding the	BLOCK A
×	×	×	*	*	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		A B C D E F G H I J K L	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."	BLOCK B
×	*	×	X	**	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		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 "fax-Deferred" 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.	BLOCK C
× ×	×	×	×	× × × × × × × × × × × × × × × × × × ×	×		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	× × ×	Current Year Preceding Year	For assets for value of the category of appropriate box band capital gains be disclosed as income was earned.	BLOCK D

FDIC lusured Deposit 10412	Droyses Tech Grown DTGBX	Davoteling Come Fixed DLFIX	Delevene Drugslifted DPDFA	Calomos Growth Cubek	Resources his April 5568x		Examples:	SP Mega Corp. Stock	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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. 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 relifement program, including the Thrift Savings Plan. 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 Schadule II requirements, please refer to the instruction booklet.	BLOCK A Asset anclor 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 IFAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, seen if not exercised, to select the spe- offic 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
8	*	×	*	*	*	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$500,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$0ver \$50,000,000 □	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."
×	¥	8	х.	×	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" 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.
*	*	×	*	*	7		X	×	None	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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 it reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE 11 — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Andrew Walter

Page 5 of 10

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

7 2	Franklin Templeton Mutul Shaves MVTHO	Dodge Elop Stack Find	d lufte	Trees. Fund (VFIVX)	* NFC 401(4) Hemized		Examples:	SP, SP Mega Corp. Stock	provide a complete address. 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totall-norme during the reporting period); any deposits totall-norme during the reporting personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 ciclumn on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	ecount and its value at the end of the reporting period. For rental or other real property held for investment.	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, the retirement accounts which are not self-directed.
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Name AndrewWalter

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

None	None	BLOCK A Asset and/or Income Source	me Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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None	Town			000 000 0,000 000,00 000,00	D-IEI	00
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SCHEDULE III — LIABILITIES

Name fudren Walter

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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

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				Mortgage	
			Student law: Asu	Mortgage on 123 Main Street, Dover,	Type of Liability
			ASU MBA	Street, Dover, DE	ability
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SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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

and positions solely of an nonorary nature.	iature.
Position	Name of Organization
Advisory Board	Vetwan Tickets Fambation

SCHEDULE V — AGREEMENTS

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Name

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 benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/1/13	NFL Amucity	Elizibu age SS
11113	NFC CA AMNITY	Eizibu ase SS
1113	NFL life Insurance	upon dota
11/13	NFL Health Delimbursement Account	Medical exprense only
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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

GPO: 2012

72-584 (mac)