

# FINANCIAL DISCLOSURE REPORT

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#### FILER INFORMATION

Name: Mark Gibson

**Status:** Congressional Candidate

State/District: TX22

#### FILING INFORMATION

Filing Type: Candidate Report

Filing Year: 2015

**Filing Date:** 02/29/2016

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Ameritrade	SP	\$15,001 - \$50,000	None		
Home	SP	\$100,001 - \$250,000	Rent	\$15,001 - \$50,000	\$15,001 - \$50,000
Location: Missouri City / Harris, TX, US					
Home (Residence)	SP	\$250,001 - \$500,000	None		
LOCATION: Missouri City / Fort Bend, TX, US					
Personal Checking	SP	\$1,001 - \$15,000	None		
Property - 1822 Jensen Dr	SP	\$15,001 - \$50,000	None		
Location: Houston / Harris, TX, US					
Sanctuary - Lot	SP	\$100,001 - \$250,000	None		
Location: Port O'Connor / Calhoun, TX, US					
USAA	SP	\$1,001 - \$15,000	None		

#### SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Waste	Salary	\$126,000	\$126,871

#### SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Туре	Amount of Liability
SP	Wells Fargo	July 2012	Residence Home	\$250,001 - \$500,000
SP	Wells Fargo	May 2005 (est)	Lot - Santuary	\$100,001 - \$250,000
SP	AES	July 1997	Student Loans	\$15,001 - \$50,000

#### SCHEDULE E: POSITIONS

Position	Name of Organization
President & Board Chairman	Wells Funeral Services
Sr Project Manager	Waste
Certified Mediator	1SourceMediation
Funeral Director	Wells Funeral Services

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## Exclusions of Spouse, Dependent, or Trust Information

**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 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?

C Yes No

# CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mark Gibson, 02/29/2016