•						
] NoX	pendent child Yes	lities of a spouse or de Committee on Ethics.	e, transactions, or liabilist consulted with the C	arned" income ss you have fi	er assets, "une wer "yes" unle	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.
No⊠	ot be Yes	xcepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethic ting you, your	d by the Comr h a trust benefi	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?
ONS	- ANSWER EACH OF THESE QUESTIONS	SWER EACH O	MATION — AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
•	each "Yes" response.	dule attached for each "Yes"	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate sched
	\$5,000 from Yes	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.	VI. Did you receive corr a single source in the the if yes, complete and at	No U	Yes	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.
™	angement Yes	portable agreement or arrangement	V. Did you have any rep with an outside entity? If yes, complete and at	8	Yes 🔀	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.
□ No ⊠	efore the date r two 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.	IV. Did you hold any rep of filing in the current ca if yes, complete and at	No 🔲	Yes X	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 yee, complete and attach Schedule I.
			ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWI
.	more than 30 days late				Office:	employee Employing Office:
be assessed al who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	Check if Amendment	3/20/2012	Date of Election:	WOO!S	Filer Candidate for the State: \(\frac{\pi_{\text{Ninger}}}{\pi_{\text{Status}}}\)
CLERK SENTATIVES	U.S. HOUSE DE THE CLERK U.S. HOUSE DE PERFESSION TATIVES		Daytime Telephone:	ır	oetten	Name: Matthew Justin (3
RCE CENTER	LEGISLATIVE RESOURCE CENTER					
IBLE BLE	POSTN	∕ B and new employees	FORM B For use by candidates and new employees	100		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered; January 1, 2011 - December 1

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

North Goether

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exceeding \$1,000. See examples below.	more during the preceding cale	List the source, type, and amount of earned income
es below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; lis	List the source, type, and amount of earned income from any source (other than the filer's current emp
	ne source and amount of any	source (other than the filer's
	honoraria; list only the source for other spouse earned income	current employment by the U.S. Government) tota
	earned income	totalling \$200 or

Examples: Greene County, Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act Four Rivers, Jacksonville, IL Endurallare, Hope school, XYZ Trade Association, Chicago, IL (Rec'd December 2) First Bank & Trust, Houston, TX XYZ Corporation, Houston, TX Harris County, Texas Public Schools Source (include date of receipt for honoraria) windrester, Hr Springfield, IL Carrollton, spouse spouse Director's Fee Honorarium spause salaru Salary Spouse Salary 80/an Type salary salary DO0,4000 **Current Year to Filing** \$18,218 989,8 \$6,300 \$40 0 \$ 2a,77\0 \$128,000 Preceding Year \$28,450 \$1,000 \$3,200

be. Contagra foods Inc.	R-Caterpillar Inc.	OC. ATIT Inc.	PL-Arch COAL Inc.	DC-Aringen Hac	DC LPL Francial	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	For rentat 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 (<i>unless</i> there was rental income during the reporting period); any deposits totaling 55,000 or tess 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 III requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.	BLOCK A Asset and/or Income Source Identity (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 "unearred" 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-directled, in the account that exceeds the reporting thresholds.
	<i>y</i> -		~	<i>></i>		×	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 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ABCDEFGHIJKL	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."
	7	+	<i>></i>	*		×	Royaties	×	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 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 "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			<i>y</i>			×	×	\$100,001 - \$1,000,000 \times \$1,000,001 - \$5,000,000 \times \$ Over \$5,000,000 \times \$ None - \$1 - \$200 = \$201 - \$1,000 \times \$ \$1,001 - \$2,500 \times \$ \$2,501 - \$5,000 \times \$ \$15,001 - \$15,000 \times \$ \$15,001 - \$50,000 \times \$ \$15,000 - \$0,000 \times \$	Current Year Preceding Year	Amount of Income 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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 55 0 2 2 2 8 SP, Ξ TANGE GOS HANGE ACCO ROSSIO LIGIZ TEA 11 SOLY Rober Strice Tout Grand Society Back -Greath Fund America -Consuch Ranga 出てからい - Cupital World Gowith Investment comp Asset and/or income Source ANGERGY PRIORITION Oracie TRUMBONE TUBBO しいいろく TYNAS RUGITAL BLOCK A Fund Processo Trais par Corp. None 1 - 1,000œ ,.... \nearrow · -nyl G \$1,001 - \$15,000 ~<u>/</u>~ \$15,001 - \$50,000 0 Value of Asset m \$50,001 - \$100,000 BLOCK B Ę \$100,001 - \$250,000 ଚ \$250,001 - \$500,000 <u>I</u> \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄎ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE سکو... 乄、 \times DIVIDENDS RENT Type of Income INTEREST ~ 1 ~ ~~<u>~</u> 7ª., -/-CAPITAL GAINS BLOCK C -**EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) --None - 2 - Jac. 1 -1 \$1 - \$200 HULK \$201 - \$1,000 Current Year -/-\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 (Nexteen \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D \simeq Over \$5,000,000 None \$1 ~ \$200 \$201 - \$1,000 ~ -/4 Preceding Year \sim \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 ~ \$100,000 \$100,001 ~ \$1,000,000 \$1,000,001 ~ \$5,000,000 Over \$5,000,000

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SC) Contin	SCHEDULE II — ASSETS ANI Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Matt (Spetter)	Page Sof S
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
SP,		A B C C D E F G H - リスト	ie.	Current Year Preceding	ding Year
E Sa		0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000 \$50,000,000	BLIND TRUST Income lartnership Incom	00	000 \le \infty \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
· · · · · · · · · · · · · · · · · · ·		Over \$50,000	Other Type of	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$150,00 \$100,001 - \$1,00 \$1,000,001 - \$5,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000	\$5,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100, \$100,001 - \$1,0 \$1,000,001 - \$5
\$3	American Funds Roth TRAGE				
	-Capital world Growth	7	-	~	
	-Fundamental Investors	7	*		
	-Armenium Paleneed Funds	7	×	***	
	Notionwide 457				
	-Oppenheimer Global		*	×	
i i	Trust Genes & Fund	*	×	×.	
	- Value Fund	<i>></i>	7	×	
	- American Certury		メ	7.	
	7 COST				
	- High Income Bond	7	7	X	
Q	Met life Annuity				
	-Piones Emerging Harlets	*	*	×	
	-Pioner Culten Value	*	X	× ×	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

	2	SP, JT, DC	Continu
	Metlife (160+) - Oppenheimer Glebal - Cap Growth Mid		Continuation Sheet (if needed) 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
		None \$1 - \$200 == \$201 - \$1,000 == \$1,001 - \$2,500	BLOCK D Amount of Income
	X	None	OK D

SCHEDULE III — LIABILITIES

Name Mith Gatter

Page of of S

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. 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 sib-

				JT CSP,
	NCB	Mubera -Credit	Example: First Bank of Wilmington, DE	Creditor
	Duramber 2005	Sulv	May 1998	Date Liability Incurred mo/year
0 0	2005 Mortgage on Hunting Property	tractor Lean	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
		\times		\$15,001— w
	×			\$50,001— \$100,000
			Х	\$100,001— \$250,000 □
				\$250,000 m \$250,001 m \$500,000 m \$1,000,000 m \$1,000,000 m
				\$500,001— \$1,000,000
 				\$1,000,001— ດ \$5,000,000
	I '	1		\$5,000,001
				\$25,000,000
				\$25,000,000 - \$25,000,001 \$50,000,000

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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-

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 a political party or campaign organization);

and positions solery of an individually flature.	iaui c
Position	Name of Organization

SCHEDULE V - AGREEMENTS

Name Matt butten

Page A of R

Identify the date service; continu efit plan mainta	Identify the date, parties to, and general terms of any agreement or arrangement wit service; continuation or deferral of payments by a former or current employer other teffit plan maintained by a former employer.	Identity 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

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 1.**

	 ,	_	_	
		Example:		18000
		Doe Jon	Source (Name and Address)	
		Accounting services		
			Brief Description of Duties	