No.	Yes 🔲	pendent child	ities of a spouse or dependent child committee on Ethics.	"unearned" income, transactions, or liabilitunless you have first consulted with the C	arned" income, ss you have firs	er assets, "une wer "yes" unles	n this report any oth emption? Do not ans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION because they
S Z	Yes 🔲	ot be	cepted trusts" need no	s and certain other "exc spouse, or a dependen	nittee on Ethics ling you, your s	่d by the Comn า a trust benefi	Blind Trusts" approve report details of such	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?	TRUSTS—Der disclosed. Hav
Ø	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS		T INFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSIO
	esponse.	each "Yes" r	ule attached for each "Yes" response	and the appropriate schedu	and the ap	e answered	his part must b	Each question in this part must be answered	
<u>8</u>	Yes	\$5,000 from	npensation of more than \$5,000 from to prior years?	VI. Did you receive compensation of n a single source in the two prior years? If yes, complete and attach Scheduk	8	Yes V	ild have any report- reporting period?	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.	III. Did you, you able liability (mo If yes, complete
No.	¥es □	rangement	oortable agreement or arritach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S C	eg □	ld receive "unearned" eriod or hold any he end of the period?	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.	II. Did you, your income of more reportable asset If yes, complete
No No	Yes 🔽	xefore the date or two years?	ortable positions on or blendar year or in the prio	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.	s '	Yes V	лте (e.g., salaries or reporting period?	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? If yes, complete and attach Schedule I.	I. Did you or you fees) of \$200 or If yes, complete
				- ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH		In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMIN
assessed who files	· o	A \$200 penalty shall be against any individual more than 30 days late	Amendment	Burmytanh	Election:	Office:	atives District:	House of Representatives New officer or employee	Filer Status
in the second se	(Office Use Only)	33.163.55 b		Telephone:			ban has	Anthony J. Portantus	Name:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2013 JUN 13 AN IO: 53	2013 JUN 13	I B and new employees	FORM For use by candidates a	7	ATIVES	STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - 124, 31, 2012	FINANCIA Period cove
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Anthony Portentino

Page 2 of §

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.

Exciture: Military bay (such as inational sudate of insperios bay), tectoral remember hoghams, and be	1 3	ents received under the option decunity Act.	becally Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State & California (ASSEMBLY)	Salvesy	70,369	73051
WARNER BROTHERS CONSUME TROP.	Sporte Sig 1951	NA	NA
Ctat / California (Cadion)	On Drain	25, 513,66	26, 315.00
		,	

Name 🛧

Asset and/or Income Source BLOCK A BLOCK B

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 "unearned" income during the year. Provide complete names of stocks and mutual funds

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.

(do not use ticker symbols).

Value of Asset

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

it generated income, the value should be "None." ing year and is included only because If an asset was sold during the report-

if the asset generated no income closed as income. Check "None" interest, and capital gains, even reinvested, must be dis-

BLOCK C

plans or IRAs), you may check the investments or that generate taxallow you to choose specific retirement accounts that do not "Tax-Deferred" column. **Dividends**, deferred income (such as 401(k) Check all columns that apply. For

Type of Income

Amount of Income BLOCK D

> Page 2 2

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. For assets for which you checked "Tax-Deferred" in Block C, you may

spouse or dependent child. * This column is for income derived from assets solely held by your

For rental or other real property held for investment, provide a complete address or a description, e.g.,	*This column is for assets solely he by your spouse or dependent child	*This column is for assets solely held by your spouse or dependent child.	뚫음	ğΕ	us ii.	0 20	d S	ep	ets	en	<u>당</u>	ᅙ	₫.		<u> </u>	j j	the	reg g	orti		during the reporting period.	ř. ž	trine asset generated no income during the reporting period.														ı						:						
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	≻	23	C	D	m	-T	<u> </u>		エ	-				≤													ĺ	ဂ	Ę	Ē	Current Year	<u> </u>	"						P	Preceding Year	ě	J≣	g	Š.	=				
location in Block A. Exclude: Your personal residence, including second homes and warsting homes (unless there was rental homes and warsting homes).					_												_						come)	_		=_	<u> </u>	_ ₹		VI VII	<u> </u>	<u>=</u> _	<u>×</u>	<u>×</u>	<u>~</u>	=		=		₹	<_	≤	VII VIII	≦_	⋝	×	×	¥	
homes and vacation homes (unless there was rehital 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.		1978										00		,000,000*						T			ome or Farm Inc												\$1 000 000±	\$1,000,000*											<u></u> .	\$1,000,000*	
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.				000						5,000,000	25,000,000	\$50,000,00		set over \$1					S	IND TRUS				4101011p 1110									000,000	5,000,000		one over									,000,000	5,000,000		ome over	
For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.				- \$50,0										DC Ass		NDS_		ST	GAIN	red/BL											<u> </u>					טיט ותם										201 – \$		DC Inc	
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Continuation Sheet (if needed Asset and/or Income Source ILY YXK JUNE **BLOCK A** None 8 1 - 1,000C \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 BLOCK B Π \$100,001 - \$250,000 Q \$250,001 - \$500,000 T \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 ኟ Spouse/DC Asset over \$1,000,000* NONE 么 DIVIDENDS Type of Income RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income -- (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 **=** \$1,001 - \$2,500 ٧ Current Year \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 ᆽ \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 III V Preceding Year \$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 Spouse/DC Income over \$1,000,000

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Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name Anthony Partantus

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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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			Greenheil a latine, Illiams reces	Example: First Bank of Wilmington, DE	Creditor
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			Hutgastan 396 milmoz	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

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

		Memsy Appented	Position	ally positions solely of all horiorally hattire.
		Capitania Film Comission (Mucumpaisatos)	Name of Organization	ature.

SCHEDULE V — AGREEMENTS

Name Art want Patractio

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efit plan maintained by a former employer.	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 ben-	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	
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Date	Parties To	Terms of Agreement
12/2006	City of La Connon Flydown Con	survey of Got pas Busin Plan to Frances & 55
	07	

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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Not Applicable	Not Applicable