S C	Yes	pendent child	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.	EXEMP because
No C	Yes 🔲	of be	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?	TRUST:
S	QUESTIONS)F THESE (EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	XCL
	esponse.	each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
S /	Yes 🔽	\$5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Lyour spouse, or a dependent child have any reportable library from a single source in the two prior years? If yes, complete and attach Schedule III.	III. Did yı able liabil If yes, co
□ §	Yes 🗖	angement	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold arry reportable asset worth more than \$1,000 at the end of the period? Yes No V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	II. Did yc income o reportable II yes, co
<u>₹</u>	Nes Z	efore the date	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 UNDID 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.	I. Did you fees) of \$ If yes, co
			PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	ŘELI
			In all sections, please type or print clearly in blue or black ink.	in all sec
Wild lifes		more than 30 days late.	Status New officer or Employing Office:	Statu
assessed		A \$200 pena	Filer Candidate for the State: \$11.74.12. Date of Horse of Representatives District: Election: Horse of Representatives District: Election: Horse of Representatives District: Election: Horse 1821	Filer
	(Office Use Only)	(0		
RK ITATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUS	ame: エAル BAァルビ Daytime Telephone:	Name:
: 00	7013 OCT -9 PM 1: 00	10 5197	Period covered: January 1, 2012 - Septential 27 2013	Period
Page 1 of 7	Pa		UNITED STATES HOUSE OF REPRESENTATIVES FORM B	UNIT
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name TAN BATRE

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4	Urban Leading	Streatiats Locker Solution	Springhouse Voluntias	Attau Colonsportes	2	Notionwide Property	Undies Valuation	Le del Cocessin	oft I Ca.		Clar Capital	Giornal & Dink Low office	Amerisan Maction	Accrete Valagion	Harris County, Texas Public Schools	Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	First Bank & Trust Houston, IX		Source (include date of receipt for honoraria)	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.	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
27/11/1	Continct fee	Consuct fee	Collect fee	Cittoox tca	Contract Se	Contract fee	on Wact take	-	Contract day	Contact fee	Contract lee	Confoct fee	Contract to	Contract force	Spouse Salary	Honorarium	Salary Director's Fee		Туре	amount of any honoraria; list on ement programs, and benefits r	than the filer's current employm
2005	1980	26,341	3200	200	. 940	16,325	5700	26,185	725	875	4025	600	8025	3225	NA	0	\$6,300	Current Year to Filing	Amo	ia; list only the source for other spouse earned benefits received under the Social Security Act	ent by the U.S. Governme
11,850	•	15,405			1050	10,475	9875	49,353		14,185			24,725	5995	NA	\$1.000	\$28,450	Preceding Year	Amount	ouse earned income Security Act.	ent) totalling \$200 or

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name FAN BAYNE

Page V of 2

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.

Source (Include date of incelly for honoraria) Proceeding Variable States (Include date of incelly for honoraria) First Bank & Thus; Housen, TX Ext. First Bank & Thus; Housen, TX Ext. First Bank & Thus; Housen, TX Ext. Real Ext. et Sect. S		798.87	Spo-12 Jalary	Korchley Partol
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ate of receipt for honoraria) Type Current Year to Filing Salary Salary	\$3,200	\$400	Director's Fee	
Type Current Year to Filing	\$28.450	\$6,300	Salary	XYZ Corporation, Houston, TX
	Preceding Year	Current Year to Filing		Cource (Include date of receipt of nortolaria)
	ount	Amo		Source (include date of receipt for honoraria)

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			JT 1st Bank of Paducah, KY accounts	Examples:	SP. SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits total-ring \$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.	Exclude: Your personal residence, including second	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 or a description, e.g., "rental property," and the city and state.	(do not use ticker symbols). 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.	dentify (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 pames of stocks and multial funds	BLOCK A Asset and/or Income Source
			×	Indefinite	×	None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$250,001 \$500,000 \$250,001 \$500,000 \$500,001 \$500,000 \$5,000,001 \$5,000,000 \$5,000,001 \$5,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 \$25,000,000 \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L M	*This column is for assets solely held by your spouse or dependent child.		reporting year. If you use a valuation method other than fair market value, please specify the method used.	BLOCK B Value of Asset
			×	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		during the reporting period.	"Tax-Deferred" column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income. Check "None" if the asset nenerated no income.	Chreck all columns that do not retirement accounts that do not allow you to choose specific investments of that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the	BLOCK C Type of Income
				×	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 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	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 if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK D Amount of Income

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Continuation Sheet (if needed)			7
BLOCK A	BLOCK B	вьоск с	вгоск р
Asset and/or Income Source	e Value of Asset	Type of Income	Amount of Income
S 9	A B C D E F G H - J K L	fy: e.g.,	Current Year
JT.	000,000	RUST e(Specif	×
DC	\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,000 01 - \$5,000,00 01 - \$25,000,0 001 - \$50,000,00	ST GAINS ED/BLIND TRU	,000 \$2,500 \$15,000 \$15,000 \$50,000 \$100,000 \$1,000,000 11\$5,000,000 00,000 ncome over \$1,000,00
	\$100,001 - \$250,001 - \$500,001 - \$1,000,00 \$5,000,00 \$25,000,00 Over \$50,6	NONE DIVIDEND RENT INTERES CAPITAL (EXCEPTE TAX-DEFE	\$1,000,001 Over \$5,00
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Name TAN BATME

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SCHEDULE III — LIABILITIES

Name IAN BATUE

Page 6 of

ling 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-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-

			,					Amo	ınt of	Amount of Liability	ij			
SP,		Date Liability	•	٨	В	ဂ	D	m	T1	- ଜ	I		د	~
DC, JT	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$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	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE									Ш		1
	78					-								
	211													

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 nonorary nature.	ature.
Position	Name of Organization
ac Jaco	The In-obtination Grand LLC
7 x 2 (7 f. W.	Rall Facility Curp.
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SCHEDULE V -- AGREEMENTS

Name IAN BAYNE

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 deterral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or ben-

Page 2 of 2

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			2012	12013	Date	pian mainta
			2/2012 Myx14 & Talk hedia Newsk	Hyself & Bolt Facility Corx	Parties To	etit plan maintained by a former employer.
			Redin Synd	ord Consulting assessment	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 I.

			See Schidale 1		Source (Name and Address)	0
				Accounting services	Brief Description of Dutles	

GPO: 2013

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