N _N	dent child Yes 🔲	r depende ≿.	ilities of a spouse or c Committee on Ethics		rned" income, s you have firs	r assets, "unea wer "yes" unles	this report any othemption? Do not ans	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	EXEMPTION - because they m	
N _O	Yes 🗾	d not be	ent child?	and certain other "exc pouse, or a dependent	ittee on Ethics ing you, your s	by the Comm a trust benefit	lind Trusts" approved	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 - Deta	
S	SWER EACH OF THESE QUESTIONS	OFT	WER EACH	- AN	TINFORM	OR TRUS)EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO	l
799	dule attached for each "Yes" response.	or each	ile attached f	and the appropriate schedu	and the ap	answered	is part must be answered	Each question in this		
N S	0 from Yes	nan \$5,000	mpensation of more than \$5,000 from the prior years?	VI. Did you receive comp a single source in the two If yes, complete and attu	<u>Z</u>	Yes	have any report- porting 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, your able liability (more if yes, complete	
Š	ment Yes	r arrangen	eportable agreement o	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	S S	Yes	receive "unearned" iod or hold any e 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 a income of more the reportable asset with yes, complete	
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	the date Yes 7	or before t prior two	rtable positions on andar year or in the arch Schedule IV.	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 yee, complete and attach Schedule IV.	S U	Yes 🗾	ne (e.g., salaries or reporting period?	 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 your fees) of \$200 or n	
				ANSWER EACH OF THESE QUESTIONS	OF THESE	R EACH	I	PRELIMINARY INFORMATION	PRELIMINA	
							n blue or black ink.	In all sections, please type or print clearly in blue or black ink	in all sections, pi	-
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A s age	Check if Amendment	8.14.2012	Date of Election:	14 //	State: lives District: Employing Office:	Candidate for the House of Representatives New officer or employee	Filer	
TATIVES	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	- (W		Daytime Telephone.	Daytime		r. OBS	nauncey	Name:	
): 07	2012 FEB 27 AM IO: 07	•				4				
299 1 of 9	FEB 1 4 2012	Ö	B nd new employee	FORM B For use by candidates and new employees	7	TIVES	REPRESENTA TATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20/2 - Fellings 1, 20	UNITED ST FINANCIAL Period cover	

.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
2
aunces
Gess
les c

Page 2 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.

m

Excitude. Infilitally pay (such as inabolial Sudial of Lissof to pay), issued in inside	omonic programo, and portonio ro	SOLACO GILGO, GIO OCCUR.	Cooding , was
Course (include date of receipt for honoraria)	Type	Amount	unt
Source (ilicium care of receipt lot fioriolatia)	iybo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Goss Practical solutions LLC	Partner Distributes	Ø	98000
			,
			•
			,
		,	
	•		
	_		
	,		

Bonk of America	APPIE	Andarko Petrolaum	Alliance Growth & Treams	Amgen	Personia cerus Inage du	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP SP Mega Corp. Stock	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 50,000 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 III requirements, please refer to the instruction booklet.	For rental or other real property held for investment, provide a complete address.	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. For retirement accounts which are not self-directed.
×	X	×	*	×	×	×		×	\$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	8 C D E F	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."
X	*	><	*	>	پر	×	Royalties	×	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 or 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.
×	*	~	×	<i>λ</i>	X	X	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	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

Cont	Continuation Sheet (if needed)	O ONEADNED INCOME		Name Chausey Gass Page 1 of 9
	BLOCK A	BLOCK B	вгоск с	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP.		A B C D E F G H I J K L	0	Current Year Preceding Year
- -		00		
DC -5		0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,00	Income	00000000000000000000000000000000000000
<u>-</u>		None \$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$250,001 - \$ \$500,001 - \$ \$1,000,001 - \$5,000,001 - \$25,000,001 - \$25,000,001 -	NONE DIVIDENDS RENT INTEREST CAPITAL GAI EXCEPTED/E Other Type of (Specify: e.g., For Farm Income	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100 \$100,001 - \$1,000 None \$1 - \$200 \$2,501 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000 \$100,001 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000,001 - \$1,000 \$1,000,001 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000 \$1,000,000 - \$1,000
	Fidelity Money mule	X	X	X
	Fishers Island and wat cone	×		× ×
	Floring Gulf Gank	X	X	x
_	General Elatric	X	*	*
	Goldmon Sachs	×	*	×
	Google	×	خ	×
	India FO Inc	×	X	<i>></i>
	7 Nel	X	×	λ
	I Shales ETF S. Koven	X	×	λ ×
	I Shares ETF Taiwan	X	×	×
-	1	*	×	λ
	IBM	*	×	<u>^</u>
	Johnson & Johnson	*	×	\frac{1}{2}
	Market Vectors Agricultury	X	×	

This page may be copied if more space is required.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

				T^{-}										DC JT, SP,		
Fairholm Fund	EXXON MOSI	Edison MAH CLANK	Elolab	Cummins	Conoco Phillips	Cisco systems	Caterpillas	Cano Petroloun	Calamos Growth	STATELION INDEX EQUITY	Statular Liquidity	Blackock Endy Resources	Sector Dickinson		Asset and/or Income Source	BLOCK A
*	*	×	×	×	X	*	×	×	×	×	X	×	*	None	Value of Asset	вгоск в
X	×	×	×	×	×	<i>[</i>	×	*	×	7	*	×	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income	вгоск с
<i>r</i> t	X	X	*	<i>A</i>	^	<i>></i>	<u> </u>	×	λ	^	<i>x</i>	λ	オー	None	Amount	ВLО
**	×	*	*	×	×	>	>		*	*	*	*	Х	None	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

8 Ę SP, Powershores massage ETF market vectors viet nam est MUTANTURBIS RUSIA ETF Asset and/or income Source Bran stanley thing has mane Some manut, mining Marketvedous trabuesia 100 BLOCK A GONK Account None œ <u>×</u> 1 - 1,000o × X × X \$1,001 - \$15,000 0 × \$15,001 - \$50,000 Value of Asset П × \$50,001 - \$100,000 BLOCK B π \$100,001 - \$250,000 ១ \$250,001 - \$500,000 I \$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 NONE \succ DIVIDENDS RENT Type of Income × INTEREST と CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Λ አ 1 X None $\overline{\mathcal{F}}$ \$1 - \$200 \$201 - \$1,000 Current Year \$1,001 - \$2,500 ٧ \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 ~ \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 BLOCK D Over \$5,000,000 × None \$1 - \$200 \times \$201 - \$1,000 Ξ Preceding Year < \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 -- \$15,000 \$15,001 - \$50,000 YII VIII X \$50,001 ~ \$100,000 \$100,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 Over \$5,000,000

This page may be copied if more space is required

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCK B Value of Asset Type of in	BLOCK B Walue of Asset Type of Income B C D E F G H 1 J K C C C	BLOCKB BLOCKC Value of Asset Type of Income B C D E F G H 1 J K C C
-\$1,000	-\$1,000	-\$1,000
000	St Calins Current Current Current Come	St Calins Current Current Current Come
000,001 - \$25,000,000	5,000,001 - \$25,000,000	5,000,001 - \$25,000,000
,001 - \$25,000,000	0,001 - \$25,000,000	0,001 - \$25,000,000
dos .	ST S	ST S
GAINS OF CONTROL OF CO	come)	come)
	1,000 =	1,000 =
	01 - \$2,500	01 - \$2,500
\$200 =	001 - \$15,000 ≤ 0,001 - \$50,000 ≦ 0,001 - \$100,000 ≦ 0,001 - \$1,000,000 ⊠	001 - \$15,000 ≤ nt
\$1,000 =		.001 - \$5,000,000 × 5,000,000 × -
\$200 = Current Current	\$1\$200 =	
\$200 = -\$1,000	\$2,501 – \$5,000 < C	\$2,501 - \$5,000 < 6 \$5,001 - \$15,000 \leq 5 \$15,001 - \$50,000 \leq 6
\$200 = Current Current	\$2,501 - \$5,000	\$50,001 - \$100,000 \(\leq\) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2

SCHEDULE III — LIABILITIES

Name Chausel Coss

Page 2 of 2

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turni-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 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 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-

	 -		_	
				SP, DC, JT
		NONE	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001 \$15,000
				\$15,001— \$50,000 CD
				\$50,001— \$100,000 O
				\$250,000 D
				\$500,000 TI D
				\$250,000 m \$250,000 m \$500,000 m \$1,000,000 m \$1,000,000 m \$1,000,000 m
				\$5,000,001— x
·				\$25,000,001—_ \$50,000,000
				Over
			None	May 1998 Mortgage on 123 Main Street, Dover,

SCHEDULE IV — POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, 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 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);

Position	Name of Organization
Managing Partner	Goss Practical solutions LLC
Director	Fishers Island Development Collegether. Prysst 2010 - uncompassanted
O'lectar	
Director	Ding Oarling wild like society. Uncompossated
Dilector	Sanisel community Association - Uncompensated

SCHEDULE V — AGREEMENTS

Name Chainer Goss

Page of q

efit plan maintained by a former employer. 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 ben-

			Date
		ZNON	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 I.**

Γ		ΕX				
	Source (Name and Address)	Example: Doe Jones & Smith, Hometown, Homestate	MONE			
	Brief Description of Duties	Accounting services				