No No	Yes	ependent child	abilities of a spouse or dependent child he Committee on Ethics.	"unearned" income, transactions, or liabilitudiess you have first consulted with the C	amed" income se you have fir		EXEMPTION — Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"
N _o X	Yes [ot be	r "excepted trusts" need not be ndent child?	≈ and certain other *ex spouse, or a dependen	nittee on Ethic ting you, your	d by the Comm h a trust benefi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depe
S	QUESTION	OF THESE	INSWER EACH OF THESE QUESTIONS	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
•	'esponse.	each "Yes" ı	ule attached for	ppropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.
No C	ĕ ⊠	\$5,000 from	pensation of more than to prior years? tach Schedule VI.	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.	<u>\$</u>	₹ <u>X</u>	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III.
No	ž X	rrangement	contable agreement or ar	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>§</u>	₹	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? If yes, complete and attach Schedule II.
No 🔲	ĭœ ⊠	before the date or two years?	y reportable positions on or before the date int calendar year or in the prior two years? and attach Schedule IV.	IV. Did you hold any rep of filing in the current cal if yes, complete and at	™	¥98 ⊠	 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 !.
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWI
							in all sections, please type or print clearly in blue or black ink.
W110 11100	more than 30 days late.	more than :				Office:	Status New officer or Employing Office:
assessed		A \$200 per	Check if Amendment	Date of Nov. 6, 7012	Date of Election	ARIZON*	Candidate for the State: House of Representatives District:
ATIVES	OFFICE CELLE CLANDY VES U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUS		Daytime Telephone	Daytime	10N	Name: MATTHEW JAMES JALMON
05	2012 OCT 26 PM 12: 05	2012 00					
201 or 2	OCT 20 2012********************************		B and new employees	FORM B For use by candidates and new employees		TATIVES 30, 7-0/2	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - SEPT. 30, 7-0

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MATTHEW J. SALKON

Page 2 of 1

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.

Exclude: Military pay (such as National Guard of neserve pay), lederal regient programs, and	ement programs, and benents re	benefits received under the social security Act.	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$8,300	\$28,450
Examples: First Benk & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	AN	NA
Upstream Consulting Inc.	Salary	130,000-	304,666.
"Sottera Inc. oba NJOY	Salary	-0-	41,666
Solid Ground Solutions	salary	-0-	36,666
solid Ground Solutions	SpouseSalary	-0-	MA
Upstream Consulting Inc.	Spouse Salary	NIA	N/A
Softera Inc. 1-DEM 1099	NON EMPLOYEE	10-	50,000.

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BRYO	- Court	DPPENI	Equit	PARAL		Examples:	e rener to the	boatton in Block A. Exclude: Your perhomes and veceth income during the ling \$5,000 or leas accounts; and sm derived from, a few he Thrift Savings F you so choose, income source is the optional column the optional column.	n ownership s not publicly the nature	account and its value at the e For rental or other real pro- provide a complete address.	BLOC Asset and/or it identify (a) each asset held if of income with a fair market of income with a fair market the end of the reporting i reportable asset or ecurees more than \$200 in "unearne more than \$200 in "unearne provide complete names o (do not use ticker symbols). (do not use ticker symbols). For all IFAs and other retre plans) that are self-direct in the account that exceed for retrement accounts w provide only the name of
BANK OF AMBALA-SMINES	EQUITY INCOME 'C' FUND	SPOPPENHEIMER 401(12) PLANT	Equity INCOME (FUND	Oppositioner folly. PLM:	1st Bank of	Simon & Schuster	please refer to the instruction booker.	location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or servings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Servings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent office or income and in the period of	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	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 "unearned" income during the year. Provide complete names of stocks and mutual funds (so not use ticker symbols). For all IRAs and other retirement plans (such as 401(t) plans) that are self-directed (1.e., plans in which you have the power, even if not associated, to select the spe- cific investments), provide the value for each asset held in the account that accessed the reporting thresholds. For retirement accounts which are not self-directed, For retirement accounts which are not self-directed, For retirement accounts of the institution holding the
SPILA- JAHINES	R C T	401(is)	\$ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	401(K)	tet Bank of Paducah, KY accounts	huster) je	ice, including deep there we do; any depo do; any depo de hecking or herest in, or nt program, nt program, nt program, hybur spouse (SP) or hybur spouse the doing to his pour spouse the doing the doing to his pour spouse the doing to his pour spouse the doing the doing to his pour spouse the doing	rivately-held the name of s, and its ge	the reporting held for inv	me Soul extended of plants and (b) a ome which g ome during i stand (b, and (b) a ome during i stand mut i plant (such i plants in w i plant on select are not self-
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 ^	┼-	-	├ ──	-	┞	\vdash		CAPITAL GAINS EXCEPTED/BLIND TRUST			Type of In Check all columns retirement accounts allow you to choose ments are that a deferred income (s plans or IRAs), you interest, and capital if reinvested, must be reporting period the reporting period.
	 - -		 		┢╴	H		AX-DEFERRED	<u> </u>		BLOCK C B of Inc b of Inc counts coounts choose sp that ge that ge that ge d' column d' c
						Royaities	,	Other Type of Income Specify: e.g., Parinership Income or Fan	rm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments. 2r that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the Tax-Deferred 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.
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					L	Ш		5,001 - \$15,000		Preceding Year	BLOCK D Amount of Income Amount of Income 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.
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Assert and Color
None
Si - Si ,000
DIVIDENDS RENT
X \$1-\$200
\$5,001 - \$15,000 \leq \frac{1}{2} \\ \$15,001 - \$50,000 \leq \frac{1}{2} \\ \$50,001 - \$100,000 \leq \frac{1}{2} \\ \$50,001 - \$100,000 \leq \frac{1}{2} \\ \$1,000,001 - \$1,000,000 \times \\ \$1,000,001 - \$5,000,000 \times \\ \$0,000 \leq \frac{1}{2} \\ \$0,000 \leq \fra

Name MATTHEW J. SALMON

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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 furniture, 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 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.

Creditor Date Liability Type of Liabili
Amount of Liability Type of Liability A B C C C C C C C C C
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SCHEDULE IV - POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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 solely of an inclinitary fictions.	
	Position	Name of Organization
	PARTNER	UPSTREAM CONSULTING LLC (2010 - 12/31/11 EMPLOYEE ONLY FROM 1/1/12)
	SC, N.P. EXTERNAL AFFRIES	SR, N.P. EXTERNAL AFFRIES SOMERA, INC. dba. NJOY (2011-2012)
	DIRECTOR	PASSFORT POTASH (2012)
**	PARTNER	POLICY IMPACT STRATEGIC COMMUNICATIONS, INC (2010)
	MEMBER	SOME GROUND SOLUTIONS LLC (2010 - 2012)

SCHEDULE V — AGREEMENTS

NAME MATTHEW J. SALMON

Page 6 of

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 benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/81/4	SOTTERA, INC. dba NJOY	CONSULTING & SEVERANCE AGREEMENT FOR
		11/18/11 - 11/18/11 - 10/18/11
		The second secon

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
SEE STATEMENT - PAGE 7	CONSULTING SERVICES PROVIDED TO ORGANIZATIONS LISTED

Matthew J. Salmon Schedule VI – Compensation in Excess of \$5000 Paid By One Source 1/2010 - 9/2012

Grand Canyon University - Phoenix, AZ

Redflex - Phoenix, AZ

Cisco - San Jose, CA

Hacienda Healthcare - Phoenix, AZ

Arizona Healthcare Association - Phoenix, AZ

El Paso Pipeline Group - El Paso, TX

Arizona Alzheimer's Consortium - Phoenix, AZ

All City Towing - Mesa, AZ

Arizona Masonry Guild - Phoenix, AZ

ArmorWorks - Tempe, AZ

Arizona State University - Tempe, AZ

City of El Mirage - El Mirage, AZ

Core Construction - Phoenix, AZ

Electronic Cigarette Association - Washington, DC

Healthcare Subrogation Group

POF_USA Patriot Ordnance Factory, Inc. - Glendale, AZ

Solar Alliance - Phoenix, AZ

SureFire - California

The Republic of Kazakhstan - Kazakhstan

Wilson Electronics - St. George, UT

Sottera Inc. Dba NJOY - Phoenix, AZ

CBIZ - Cleveland, OH

ISR Group

RFinity

Solar Alliance - Scottsdale, AZ