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| they meet all th | TRUSTS—Deta excluded from the | EXCLUSIO | V. Did you, your liability (more the if yea, complete | IV. Did you, you or exchange an \$1,000 during the or exchange to the or exchange and the or exchange to the | III. Did you, you income of more reportable asset | II. Did any individue ileu of paying you reporting period? If yes, complete | I. Did you or yo fees) of \$200 or if yes, completed. | PRELIMINA | Filer Status Report Type | | Name: Fra | UNITED S |
|---|--|--|--|--|--|--|--|--|---|----------------------------------|---------------------------|--|
| EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and consciuded from this report details of such a trust benefiting you, your spouse, or dependent child? | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | V. 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 V. | IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yee, complete and attach Schedule IV. | III. Did you, your spouse, or a dependent child receive "uneamed" 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 III. | II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule It. | 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, complete and attach Schedule I. | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS | X Member of the U.S. State: 1X House of Representatives District: 23 X Annual (May 15, 2012) | | Francisco "Quico" Canseco | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2027 FINANCIAL DISCLOSURE STATEMENT |
| other assets, "unearned" income, t "yes" unless you have first consulte | voved by the Committee on Ethics ng you, your spouse, or dependent | ENT, OR TRUST INFO | eportable Yes X No | eding Yes X No | neamed" lany Yes X No ne period? | n the Yes No X | alaries or period? Yes X No | NSWER EACH OF THE | Amendment | | Daytim | CLOSURE STATEMENT |
| transactions, or liabilities of a spouse or dependent child because ed with the Committee on Ethics. | 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 dependent child? | - AN | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. | ESE QUESTIONS | Officer or Employing Office: Employee [X] Termination 1/3/2013 | | Daytime Telephone: | Form A For use by Members, officers, and employees |
| t child because | sclosed. Have you Yes | SWER EACH OF THESE QUESTIONS | tion in this part must be answered and the schedule attached for each "Yes" response. | arrangement with Yes | | in the reporting Yes | d receive any gregating more Yes | | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | U.S. HOUSE (OF BE USE OR MATIVES | 2013 FEB -7 AM II: 54 | FEB 0 1 2013 |
| No X | No X | TIONS | d and the response. | No X | Yes X No | S ⊗ | No X | | all be assessed of files more than | EGANTATIVES / | AM II: 54 | 2013 |

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SCHEDULE I—EARNED INCOME

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: MINITARY PAY (SUCTI AS NATIONAL GUARD OF Deserve Pay), leveral remember programs, and person | ellis leceived dilicel and occiar occarry non | identy rote. |
|---|---|--------------|
| Source | Туре | Amount |
| Keene State | Approved Teaching Fee | \$6,000 |
| State of Meryland | Legislative Pension | \$9,000 |
| | Spouse Speech | \$1,000 |
| | Spouse Salary | × |
| UT Health Science Center | Spouse Salary | n/a |
| San Antonio Christian Dental Clinic | Spouse Salary | n/a |
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| SP FRANKLII | SP CHELSEA MASS N | SP RFDG- Fi | SP BHM Discre | SP HARBOR INTE | | <u>ਹਾ</u> | Examples: | SP, SP | ment accounts which are not the name of the institution ho value at the end of the reportir by the name of the reportir For rental or other real property vide a complete address. For an ownership interest in that is not publicly traded, staness, the nature of its activities than in Block A. Exclude: Your personal resistance and vacation homes and vacation homes income during the reporting puring \$5,000 or less in a persaccounts; and any finencial intertorm, a federal retirement pro Sevings Plan. If you so choose, you may income source is that of your so choose, you resistantly held with optional column on the far left. For a detailed discussion of Splease refer to the instruction I | Asset and/o identify (a) each asset h of income with a fair me the end of the reporti reportable asset or sour more than \$200 in "uner Provide complete names not use ticker symbols.) For all IRAs and other r plans) that are self-drec the power, even if not a irvestments), provide this excount that exceeds the | * * * * * * * |
|--|--|--|--|--|--|----------------------------------|--------------|--------------------|--|--|-----------------------|
| FRANKLIN VALUE INVS TR SMALL CAP VALUE FD ADVISOR CL | CHELSEA MASS MUN PURP LN BK QUAL FSA B/E DD | Hammond IND Multi-SCH BLDG Corp RFDG- First MTG-SER A D/T FGIC B/E | BHM Discretionary Futures Fund LP Class A | HARBOR INTERNATIONAL FUND | Invesco VAN KAMPEN MID-CAP GROWTH FD CL Y | 1st Benk of Paducah, KY Accounts | , | P Mega Corp. Stock | the name of the institution holding the account and its value at the end of the reporting period. For rental 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 (unless there was rental income during the reporting period); any deposits totaling on the providing period); any deposits totaling the sport of the providing or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Sevings 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. | 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 retire- | I LI) ILLIANDA DALLAN |
| | | × | | | | | | | None > | Indi rep met plea If au yea gen | |
| × | | | | × | - | ┞ | Indefinite | \vdash | \$1 - \$1,000 | Value of Asset at close of 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." | |
| | | | × | | × | | 蘏 | | \$15,001 - \$50,000 | ed i | _ |
| | | | | | | H | | × | \$50,001 - \$100,000 m | value of asset a year. If you use a other than fair ma pecify the method use twas sold during the is included only discome, the value | 5 |
| 1 | | | | | | × | | - | \$100,001 - \$250,000 | that that sold | į |
| | | | | | | T | | | \$250,001 ~ \$500,000 | of asset at close of asset at close if you use a valuat than fair market value he method used. Sold during the report cluded only because ne, the value should | i |
| | | | | | - | T | İ | T | \$500,001 - \$1,000,000 ± | set use hod hod onto | |
| | | | | | | T | | | \$1,000,001 - \$5,000,000 | at at at a at least leas | Ļ |
| | | | | | | T | Ī | | \$5,000,001 - \$25,000,000 °- | Sho et al ce | |
| | | | | | | Ī | | | \$25,000,001 - \$50,000,000 × | vali vali use | |
| | | | | | | Γ | T | | Over \$50,000,000 | | |
| | | | × | | | T | | | NONE | ೧೯೪೯೮೨೫೪೯೮ | |
| × | | | | × | | Г | | × | DIVIDENDS | Check all columns the retirement accounts that you to choose specific ir that generate tax-defit (such as 401(k) plans (such as 401(k) plans (may check the "Tax-Defit Dividends, interest; gains, even if retirvest disclosed as income. If if the asset generated in ing the reporting period. | |
| | - | | | | | × | | | RENT | all cho | 4 |
| | X | × | | | | | | | INTEREST | oo acc acc acc acc the first the first ge | į |
| × | | | | × | × | | | × | CAPITAL GAINS | lype or income all columns that are no accounts that do no se specific investinces specific investinces and the Tax-deferred da, interest, and da, interest, and da income. Checast generated no income porting period. | į |
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| | | | | | | | | | TAX-DEFERRED | hat hat dear dear dear dear dear dear dear dear | Š |
| | | | | | | | Royaities | | Other Type of Income (Specify: e.g., Partnership Income or Farm 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 "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. | • |
| | | | | | | | | | None - | In the the two per the transfer to the transfe | _ |
| | | × | <u> </u> | <u> </u> | | L | 1 | <u> </u> | \$1 - \$200 = | 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. | |
| | × | <u> </u> | ļ | <u> </u> | | Ļ | - | 1 | \$201 - \$1,000 = | or Charles | } |
| × | | <u> </u> | | × | × | L | 1 | × | \$1,001 - \$2,500 < | for N ego: | 2 |
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| | | | | | | ╂ | Ł | 1 | | st for which you checked "I in Block C, you may check column. For all other assets, it category of income by check copriate box below. Dividen and capital gains, every ed, must be disclosed Check "None" if no income or generated. | ź |
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| | Sale (redempti | Sale (redempti | | | | | | S (partial) | portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, P, S, S, E | | Honomerican |

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

SP SP SP ŞP န SP SP Ş SP Ş Ş ş SP | NEW WORLD FUND CLASS F1 SP Ŗ, ş ဌ AAA Capital Energy Fund LP II New Jersey TSPTN TR FD AU TSPTIN LAZARD EMERGING MKTS EQUITY Apple Inc MIAMI FL PKG SYS REV REF CRM MID CAP VALUE FUND SYS BUS SER B FGIC-OID B/E DD LOOMIS SMALL CAP VALUE FUND Bristol Energy Fund LP COHEN & STEERS INTL RLTY FD CL NORTH BABYLON NY UFSD REF PORT INSTESHS THIRD AVE VALUE FD INC OAKLAND N J BK QUAL AMBAC SER B FGIC INSDIOID B/E DD **JERSEY CITY NJ MUN UTILS AUTH** NOTE CLASS SWK KEV KEDG F GIC B/E DD Asset and/or income Source BLOCK A > None 8 \$1 - \$1,000 × C × × × × × \$1,001 - \$15,000 O × × × × × \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B П × \$100,001 - \$250,000 ด T \$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 大 Over \$50,000,000 $\overline{\times}$ × NONE × × × X × DIVIDENDS × RENT X × × × INTEREST of income BLOCK C $\times | \times$ × × × Type **CAPITAL GAINS** × **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × × None Amount of Income × = \$1 - \$200 III IV V VI VII VIII × × \$201 - \$1,000 X × × × × × BLOCK D \$1,001 - \$2,500 × \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Over \$5,000,000 v Transaction BLOCK E முல் ப

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Name Francisco "Quico" Canseco

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Francisco "Quico" Canseco

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Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Francisco "Quico" Canseco

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| | SP, | DC, | 4 | DC3 | | SP | SP | <u>В</u> | DC2 | DC3 | | | | | | | | | | | | |
|----------------------------|-------------|--|--|-----------------------------|-------------|---------------------------------|--|--------------------------|--------------------------|--|-----|---------------------|------------------------------|----------------------|-------------|--|----------------------|------------------------------|-----------------------|------------------|--|----------|
| Asset and/or income Source | | | | BLACKROCK GLOBAL ALLOCATION | FD INC CL A | Morgan Stanley deposit accounts | Wells Fargo deposit accounts | Citibank deposit account | Citibank deposit account | Citibank deposit account | | Canseco Investments | 9601 MCALLISTER FWY STE 1100 | SAN ANTONIO TX 78216 | REAL ESTATE | | FMC Developers, Inc. | 960T MCALLISTER FWY STE 1100 | INVESTMENT IN CANSECO | INVESTMENTS | | |
| | > | | None | | | | | | | | | \dashv | ٦ | 十 | | | | 7 | | | | |
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| Year-End | п | | \$100,001 - \$250,00 | | | | | | | | | ヿ | \neg | | | | | \neg | | | | T |
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| Type of Incom | ST. | TRUS | EXCEPTED/BLIND | - | - | | - | - | | 1 | _ | \dashv | \dashv | \dashv | \Box | | | ┪ | | ┼─ | ╁ | ╁ |
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| 0 | | | Other Type of Incor (Specify: e.g., Partnership Income Farm Income) | | | | | | | | | PARTNER | NCOME | | | | | | | | | |
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| J ₹ | = | | \$1 - \$200 | × | | × | × | | | | | _ | | \dashv | | <u> </u> | <u> </u> | | | _ | <u> </u> | <u> </u> |
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| 1 3 5 | ₹ | | \$1,001 - \$2,500 | | | | | <u> </u> | | | | |] | | | | | | | L_ | | |
| nt of Ir | < | | \$2,501 - \$5,000 | | | | <u> </u> | | | | | × | | | | <u> </u> | | | | <u> </u> | | |
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| Amount of Income | ≦ | | \$15,001 - \$50,000 | | | | | | | | | | | | | | | | | | | |
| -4 | VII VIII | | \$50,001 - \$100,000 | | | | | | | <u> </u> | |] | [|] | | | | | | <u> </u> | | |
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SCHEDULE IV— TRANSACTIONS

Name Francisco "Quico" Canseco

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| Report at or depend enty held | resulted i | ates renti | Capital G of \$200, c | SP, DC, JT | SP | SP | SP | ŞP | | | | | | | | | | | |
| Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that | resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- | ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. | Capital Geins — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. | Asset | Example: Mega Corporation Common Stock (partial sale) | Hammond IND Multi-SCH BLDG Corp RFDG- First MTG-SER A D/T FGIC B/E | CHELSEA MASS MUN PURP LN BK | MIAMI FL PKG SYS REV REF | | | | | | | | | | | |
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| Type of Transaction | | | SALE | | X | × | × | | | | | | | | | | | | |
| tion | | IANGE | EXC | | | | | | | | | | | | | | į | | |
|) | Capital d \$200 | Box if C xceede | Check Gain E | | | | | | | | | | | | | | | | |
| Date | (MO/DAY/YR) | Quarterly, Monthly, or | Bi-weekly, if applicable | | 10-12-11 | 12/20/12 | 9/17/12 | 10/3/12 | | | | | | | | | | | |
| | > | | \$1,001- \$15,000 | | | × | | | | | | | | | | | | | |
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SCHEDULE V— LIABILITIES

Name Francisco "Quico" Canseco

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); 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 sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

| | | , | | | | _ | MOUN | Amount of Liability | bility Y | | | |
|--------|---------------------------------------|---------------------|-------------------------------------|-----------------------|------------------------------------|------------------------|-------------------------|--|--|------------------------------|------------------------------|----------------------|
| e P | | Liability | | > | | _ | 9 E | T) | O | | 1 | ے و |
| 5 B S | 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 |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | | × | | | | | |
| дS | Morgan Stanley Smith Barney | May 2009 | Line of Credit | | | | × | | | | | |
| | Hondo National Bank | Nov 2009 | Personal liability | | × | | | | | <u> </u> | | |
| | Canseco Investments | Jan 2010 | Loan against ownership interest | | × | | | | | | | |
| Şp | Wells Fargo | April 2012 | Home equity loan | | × | | | } | | | | |
| | | | | | | | | · | | | | |

SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

| Source | Description | Value |
|---|---|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Ethics) | \$375 |
| None | | |
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Name Francisco "Quico" Canseco

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organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, 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

tions); 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 political parties and campaign organiza-

| Position | Name of Organization |
|----------|----------------------|
| DIRECTOR | VOCES ACTION |
| DIRECTOR | CANSECO FOUNDATION |
| MEMBER | CANSECO INVESTMENTS |
| DIRECTOR | FMC DEVELOPERS, INC. |
| | |
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SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
| | None | |
| | | |
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