

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED Page 1 of 13

Name: Amerish (Ami) Barnes

Daytime Telephone:

2013 MAY 15 PM 3:14

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U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>07</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name A. B.

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Ann Remy

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BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E	
Asset and/or Income Source		Value of Asset													Type of Income							Amount of Income												Transaction	
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 source of income which generated more than \$200 in "unearned" income during the year.		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.													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.							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.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting 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), provide the value for each asset held in the account that exceeds the reporting thresholds.																																			
For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.																																			
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 \$5,000 or less in a personal checking or saving account; 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.																																			
SP, DC, JT	SP	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	S (partial)
		None	\$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	Spouse/DC Asset over \$1,000,000*									None	\$1 - \$200	\$201 - \$1,000	\$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*	
JT	Examples: Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts																																		
JT	2117 P Street Sacramento, CA																																		
JT	2536 34th St. Sacramento, CA																																		
JT	4401 V St Sacramento, CA																																		
JT	1524 32nd St Sacramento, CA																																		
JT	6211 Broadway Sacramento, CA																																		
JT	6037 Rampart Sacramento, CA																																		

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Ami Bern

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BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E			
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction			
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, E		
		None	\$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	Spouse/DC Asset over \$1,000,000*																							
JT	2231 36th St, Sec C9						X										X																				
JT	4640 U St, Sec C9							X									X																				
JT	2401 39th St, Sec C9								X																												
JT	2642 43rd St, Sec C9						X										X																				
JT	6749 Ashington Way, Sec C9							X																													
JT	America Century Inter																																				
JT	Vanguard CA Inter Fern																																				
JT	Vanguard GUMMA Fund		X																																		
JT	Parnassus Equity Income																																				
JT	Scot Int. Fund																																				
JT	Yackman Fixed Service																																				
JT	EG Shares ETF			X													X																				
JT	India Fund			X													X																				
JT	First Tr. Morningstar ETF																X																				
JT	IShares Core SIF ETF																																				
JT	IShares MSCE CPA IXX Fo																																				
JT	Edwards Growth EOX Fo																																				
JT	IShares MSCE Pac Ex Japan																																				
JT	IShares Newday Bio Fo																																				
JT	IShares SIF Growth																																				
JT	IShares MSCE EDGE Fo																																				

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ami Bera

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income												BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	L	M		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	None	\$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	Spouse/DC Asset over \$1,000,000*		None	\$1 - \$200	\$201 - \$1,000	\$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*	
SR																											
DC																											
JT																											
JT	Oppeheimer Global Strategy	X												X													
JT	Oppeheimer Senior		X											X													
JT	Pimco Total Return Fund			X										X													
JT	Handing Lechner Energy		X											X													
JT	Oppeheimer Technology Mkt			X										X													
JT	Oppeheimer Global Alloc		X											X													
JT	Oppeheimer Microcap		X											X													
JT	Farmhouse Equity Income			X										X													
JT	Scout Int Fd			X										X													
JT	TCRone Rice Global Bond			X										X													
JT	Guggenheim ETF				X									X													
JT	IScore Core S&P 500			X										X													
JT	Seafar Spdr Energy Select			X										X													
JT	Schwab Divdnd Acf (mutual fund)			X										X													
JT	Schwab S29 plan (aggressive)			X										X													
JT	TRM 6 Salary Reserve													X													
JT	RGE US Equity				X									X													
JT	Capital Guardian			X										X													
JT	TRM Moderate			X										X													
JT	US Global Asset			X										X													
JT	Wells Fargo Divdnd			X										X													

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

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BLOCK A		BLOCK B													BLOCK C								BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income								Amount of Income												Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
		None	\$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	Spouse/DC Asset over \$1,000,000*																							
JT	Sector SPDR Consumer FFO				X										X									X													
JT	Sector SPDR Financial Select				X											X								X													
JT	Sector SPDR INCL Select				X											X								X													
JT	Sector SPDR Materials FFO			X												X								X													
JT	SPDR S&P Regional Divid				X											X								X													
JT	Vanguard FTSE Emerging				X											X								X													
JT	Schwab Money Market Fund															X								X													
JT	Schwab Mun. Money FFO				X											X								X													
JT	Lebanis Snyders Bond FFO				X											X								X													
JT	Janus Bonded FFO CT															X								X													
JT	Scot Inc Fund				X											X								X													
JT	Edwards Core Str SPT				X											X								X													
JT	Edwards Str Value				X											X								X													
JT	Sector SPDR Intl Select				X											X								X													
JT	Sector SPDR Tech Select				X											X								X													
JT	Sector SPDR Tr Co Shares				X											X								X													
JT	SPDR Str Intl Dividend				X											X								X													
JT	Schwab FFO															X								X													
JT	Schwab Cash Reserves				X											X								X													
JT	Baird Core FFO Bd Inst.				X											X								X													
JT	Mutual-Placement Total				X											X								X													

Continuation Sheet (if needed)

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Capital Gains — 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.

SP, DC, JT

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SCHEDULE V— LIABILITIES

Name Anni Bera

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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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); 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. *This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$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*
JT	Coldwell Banker Home Loans	July 06	Mortgage on 2717 Rd				X							
JT	Coldwell Banker Home Loans	Oct-08	Mortgage on 6337 Rockport				X							
JT	Evergreen Mortgage	Jan 13	Mortgage on 811 4th St NW					X						
JT	Coldwell Banker Home Loans	June 11	Mortgage on 2642 Birch St				X							
JT	Coldwell Banker Home Loans	Aug 10	Mortgage on 6749 Abingdon				X							

SCHEDULE VI— GIFTS

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. **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 relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

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
N/A		

SCHEDULE V— LIABILITIES

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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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); 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. *This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$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*
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
JT	Colwell Bank Home loans	Nov 2001	Mortgage on 2101 31st St				X							
JT	Safe Credit Union	Nov 2005	Mortgage on 1407 Brule Rd					X						
JT	Bank of America	March 08	Mortgage on 4601 V St.				X							
JT	Colwell Banker Home loans	June 08	Mortgage on 1211 Branson				X							
JT	Goldwell Banker Home loans	June 01	Mortgage on 4440 0 St				X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **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 relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

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

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
	n/a	

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Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

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SCHEDULE VIII—POSITIONS

Name

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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 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 political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Board Member	Sacramento Tree Foundation
Clinical Professor of Medicine	University of CA Davis, School of Medicine
CEO, President	Manga Menagerie Inc.

SCHEDULE IX—AGREEMENTS

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
	2/15	