cause Yes No No	, or liabilities of a spouse or dependent child because Committee on Ethics.	income, transactions st consulted with the	y other assets, "unearned rr "yes" unless you have fi	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Have you Yes No No	—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you from this report details of such a trust benefiting you, your spouse, or dependent child?	on Ethics and certain dependent child?	proved by the Committee	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and context excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
EACH OF THESE QUESTIONS	- ANSWER	INFORMATI	DENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
be answered and the each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No ar	reportable Yes	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.
nent with Yes No No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X IX. Did an out	se, sell, eeding Yes	 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.
the date Yes No X	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.	No Will. D of filin	'unearned" Id any the period? Yes	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.
orting Yes No	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.	No VII. Di reporta period If yes,	to charity in in the Yes	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.
any more Yes No	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.	No VI. Dic report than \$	salaries or g period? Yes	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.
	QUESTIONS	OF THESE વો	ANSWER EACH	PRELIMINARY INFORMATION — A
against anyone who hes more than 30 days late.	Termination Date: against Termination ZJANIZ 30 day	1	Amendment	Type Annual (May 15, 2012)
\$200 penalty shall be assessed	Employing Office: A \$20	Officer or E Employee	ct: 8 O	Filer Status Member of the U.S. State:
U.S. HOUSE OF ORTHUSECOMMITTES				(H
LEGISLATIVE RESOURCE CENTED 2013FEB -7 PM 1:21		Davtime Telephone:		Name: Chip Carract
MARK ILLEGIBLE	Form A For use by Members, officers, and employees POSTMAPK ILLEGIBLE	·	SE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE ST

	Name (
	Chip
	GRAVAACE
	e
	Page 2 of
ı	יט

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.

Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Disabilary Spouse Salary

Page 3 of S

NONE NONE	į	te only and its	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	provide only ount and its	d, provide only account and its	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the and of the reporting period	ment accounts which are not self-directed, provide only the name of the institution holding the account and its	account that exceeds the reporting thresholds. For retire-	thresholds. For retire-	investments), provide the value for each asset held in the	the power, even if not exercised, to select the specific investments) provide the value for each asset held in the	d to select the specific	plans) that are self-directed (<i>i.e.</i> , plans in which you have	For all IRAs and other retirement plans (such as 401(k)			Provide complete names of stocks and mutual funds (do	ob) spuil faithm pur shorts for	•	more than \$200 in "unearned" income during the year.	reportable asset or sources of income which generated	reporting period, and (b) any other	the and of the constitute partial and (h) any other	identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	ald for investment or anothering	Asset and/or Income Source		BLOCK A
DIVIDENDS X RENT INTEREST X CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	<u> </u>	B C D E F G H - L X	B C D E F G H I J K	B C D E F G H - J K	B C D E F G H - J K				TACITO.	"None."	"None."	generated income, the value should be	nenerated income the value should be	year and is included only because it	the state of the s	If an asset was sold during the reporting	to the second of		please specify the method used.		method other than fair market value,	John His Journal of the second	reporting year. If you use a valuation	Indicate value of asset at close of	•	Value of Asset		BLOCK B
X X X X \$1 - \$200 = \$201 - \$1,000 ≡ X \$1,001 - \$2,500	היש הים ופוסיותוש וישורים.								ing the reporting period.	ing the reporting period.	ing the reporting period.			- 12	ciains even if reinvested must be	Dividends, interest, and capital	international	may check the "Tax-Deferred" column.	(such as 401(K) plans of IHAs), you	facility of the second of the second	that generate tax-deferred income	you to choose specific investments or	retirement accounts that do not allow	retirement accounts that do not allow	Chack all columns that apply Ear	Type of Income	0.0000	BLOCK C
\$2,501 - \$5,000									0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				earned or generated.	e ii no income was	no income was	reinvested, must be disclosed as reporting	dinging of the		the appropriate box below. Dividends , (E) exceeding	_	_	"None" column. For all other assets, indi- (P), sales (S)		Paragraph in Block C you may check the	Englished the lindicate if the	Amount of Income		BLOCK D BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

	SP			分	ક્ક	₩						Se		45		Ş		SP, DC,	,	က္က ရှိ
	SIMTE PARM UNIV. LIPE	NAVY MUNICIPALIOS	Scat Than I'm - 054	EDWAR TONG BOND			Note France Dov. Fr Retives By	مدع لممد	Nevo Nespick Als DOR	Inti/Global Am. Funds/EuroPautic	Columbia Diverse Insme 2	.	FIDELITY DESTRUY PLANT	STATE FARM UNIVERSAL CIPE	USBANK ACCOUTS	١.	ING TRADITIONAL IRA		BLOCK A Asset and/or Income Source	Continuation Sheet (if needed)
								×						<u></u>				None ➤		1 .
						×	L				×							\$1 \$1,000		
<u> </u>	<u> </u>	<u> </u>	<u> </u>	×	<u> </u>	ļ	L		<u> </u>				<u> </u>	ļ			Ш	\$1,001 – \$15,000 C		
	<u>×</u>	×	_		<u> </u>	<u> </u>	_		<u> </u>		ļ	<u> </u>	\succeq	×	×	×		\$15,001 - \$50,000	Va	
			×	1	<u>L</u> _	ļ			<u> </u>					<u> </u>	ļ		×	\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset	Ì
 		1	<u> </u>	<u> </u>	<u> </u>	1	×	<u> </u>		X		<u> </u>	_	<u> </u>				\$100,001 - \$250,000	BLOCK B Year-End lue of As:	1
1		<u> </u>	ļ	ļ	ļ	<u> </u>	ļ	ļ		<u> </u>		<u> </u>	ļ				Щ	\$250,001 – \$500,000 O		
\bot		<u> </u>		<u> </u>		_	<u> </u>		×	ļ				ļ	_		Ш	\$500,001 - \$1,000,000 =	SS D	
 		_	ļ		<u> </u>		ļ			ļ	L.			L		ļ		\$1,000,001 - \$5,000,000 -	et	
		<u> </u>	1		ļ		<u> </u>		<u> </u>	_		ļ		<u> </u>		ļ	L	\$5,000,001 - \$25,000,000 -		
 		_		ļ .		<u> </u>	<u> </u>	ļ	ļ	ļ	ļ	<u> </u>	<u> </u>	ļ	<u> </u>			\$25,000,001 - \$50,000,000 ×		
		Ļ		Ļ		Ļ	ļ.,	Ļ_		Ļ			<u> </u>	_	<u> </u>	ļ		Over \$50,000,000		1
	<u> </u>	×	×	L.	×	×	\succeq	×	×	×	×	<u> </u>	~	×	×	×	X	NONE		
	_		╙				<u> </u>			<u> </u>	<u> </u>			<u> </u>		L.		DIVIDENDS		
	_ _	<u> </u>	_								L.			<u> </u>				RENT		
				<u> </u>	L_						<u> </u>					<u> </u>	Ш	INTEREST	으 ㅠ	
		<u> </u>			L_		<u> </u>	ļ <u>.</u>				<u> </u>						CAPITAL GAINS	BLOCK C Type of Income	
1 1		_	ļ	<u> </u>	L_	ļ		L		<u> </u>				_	ļ. <u>.</u>	lacksquare		EXCEPTED/BLIND TRUST		ـــرا
\bot	_ _	<u> </u>		<u> </u>			_			_	ļ		<u> </u>					TAX-DEFERRED	ne C	ll ≅
			-	The Exumpt														Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Name (Ny)
	×	×	×		×	X	×	×	X	×	X		×	×	×	×	×	None -		11 ~
																	П	\$1 - \$200 =	An	TRAVAACK
				×					Ĺ									\$201 – \$1,000	שַּׁכ	118
																		\$1,001 - \$2,500	ᇍ	§
																		\$2,501 – \$5,000	BLOCK D	a
																		\$5,001 - \$15,000 ≤	5 6	ベ
																		\$15,001 − \$50,000 <u>≦</u>	BLOCK D Amount of Income	
			J.,															\$15,001 - \$50,000 \(\leq\) \(\	me	Ш
\top																		\$100,001 - \$1,000,000 😾		Ш
																		\$1,000,001 \$5,000,000		╽┝
																		Over \$5,000,000		وًّ [[
																		er oʻn	BLOCK E	Page 1 of U

SCHEDULE V— LIABILITIES

Name CHIPCRAVARCK

Page 5 of

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 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 mortgages on personal residences.

inol (gag		9.900						anound in	흷	Amount of Liability	7		
S			Liability		>	В	С	0	m	_	W/	0 -	
JT CSP,		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				×		_	_		-
	OHD	CHASE BANK	APRIL ZOOD	Morranue - Brackwood W,	×								
	wells	Wells FALCO Hower Moorange Thy 2011	July 2011	mottage - Whoosen NH				, , , , , , , , , , , , , , , , , , ,	<u>×</u>	-			
	(44)	LAK IS FINGE Home MUSICIAGE Joly 2011	Jay 2011	MOUSTURE - NOWA BENEVA MU				×	ļ	-	 	_	-
			-						· 				
						ļ }						<u> </u>	-

SCHEDULE VI— GIFTS

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. 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