3 7 SES

	<i>w</i>	ched for each "Yes" response.  EACH OF THESE QUESTIONS	each "Yes"		riate schedule a	approp	and the	answered	art must be	Each question in this part must be answered and the appropriate schedule  EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW	Each	XCLUS	1
	<b>S</b> □	Yes X	\$5,000 from	eation of more than \$5,000 from for years? Schedule VI.	VI. Did you receive compensate a single source in the two prior if yes, complete and attach S	VI. Did a single if yes,	8	× × ×	g 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.	our spouse, more than \$1 ete and atta	ill. Did you, able flability ( If yes, comp	
	₹   <u>X</u>	ĕ □	rangement	ble agreement or arrangement Schedule V.	V. Did you have any reportable with an outside entity? If yee, complete and attach Se	v. Did with an	S D		ve "unearned" hold any 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 yea, complete and attach Schedule II.	our spouse, our spouse, our spouse, set worth molecular and atta	ii. Did you, y income of mo reportable as if yes, comp	7
	S S	¥85 ▼	efore the date if two years?	ble positions on or before the date ar year or in the prior two years? Schedule IV.	IV. Did you hold any reportable of filing in the current calendar y if yes, complete and attach St	IV. Did of filling	<b>₹</b>	<b>S</b>	J., salaries or ng period?	<ol> <li>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.</li> </ol>	your spouse or more fron lete and atta	l. Did you or fees) of \$200 If yes, comp	
					ESTIONS	SE QU	OF THE	R EACH	- ANSWE	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	NARY II	PRELIMI	١
	assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 per against an more than t	Check If Amendment	THE ONE		Date of Election:	Auros:	State: VICE District: Employing Office:	Candidate for the House of Representatives New officer or employee		Filer	
		(Office Use Only)	(					ŀ					
$\sim$				1	hone	е Тејер	Daytime Telephone		Down	Name: Ernest Wayne Pour	Trne	Name:	
	Page 1 of 1	22		new employees	FORM B For use by candidates and new employees	For use	म्ब	TIVES	ATEMENT - Scrikmber 35,706	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ふいし - こくりゃかっかんてまた	STATES	UNITED FINANC Period co	
	۲	-	SET ~ / CUR									- 	1

**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

Ř

§

Š

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?

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Emest Wayne Towd

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.

									ROWELLY PRAKISH PCLOUPTION)	Cowell & PARRISH, PC (law Firm)	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	T	XYZ Corporation, Houston, Texas	Course (named case of receipt of individual)	Source (include date of receipt for honoraria)
									Harrier's Bishitudion	Salany	Spouse Salary	Honorarium	Director's Fee	Salary	·ybc	Type
							•			100 307.7K	NA	0	\$400	\$6.300	Current Year to Filing	Amount
	*		•		•	,		•	555长0	131566	NA.	\$1,000	\$3,200	\$28,450	Preceding Year	unt

73	O.	<u> </u>	*	₹.	<del>Q</del>	٠, ۲	<b>ω</b>	Th 4872 400753m :	734T	B T 0	
	52	5	4	<u> </u>	0	JT Champies	P. 2	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 savings accounts; and any financial interest in, or income derived from, a faderal referential program, including the Thrift Savings Plan.  If you so choose, you may incluste that an asset or income source is that of your spouse (SP) or dependent of the control of the control of the control of the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	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.	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 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 sit 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 experised; to select the spe- citic investments), provide the value for each asset held of the accounts that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
Marjori E Chapman	I Bonds	Both IRA			ε,	Agrig		de: 5,000 mts; of from so so so so so so so so so so so so so s	\$ 2 a E	9 8 9 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	BLOCK A  Asset and/or income Source tity (a) each asset heid for investment or produce come with a fair market value exceeding \$1.00 and of the reporting period, and (b) any or rabbe asset or sources of income which gener than \$200 in "unearned" income during the y than \$200 in "unearned (i.e., plans in which the power, even if not expressed, to select the investments), provide the value for each asset a account what exceeds the reporting threat investments), provides the institution holding de only the name of the institution holding de only the name of the institution holding
Į		#	•	*	WElls I	2000		Your to said was and or was and o		A DE	Here are seen and the seen are seen as seen are
	ש		· Alliance	*Lord	5			per catto per less a fex	<b>∑</b> § ₹	Ather value	BETTI A Resident of the second
18	્ર	4	=	O		<b>#</b> 9	2	sone spor he	trade		But beach be
<u> </u>	á	<u> </u>	8	2	Fore	1st Bank of Paduca	SP Mega Corp. Stock	tree things the sanction may had	22. es =	Pro the	BLOCK A for Inco for Inco for Inco their value withing period surces of inc reamed inc r
	Ū	4	2	\ \	5	8 8	3	at indi	tate Vitte	. perd	TRO CE THE THE THE THE THE THE THE THE THE TH
15		1	R	1766011	12	Pac	Sto	ice, 1685 och properties och propert		7 9	Villa vestr d, a common co
é			ľ	0			<del>.</del>	inch the et in Signature (SF	2 2 2 <u>2</u>	古号	ment ceec
P				5		হ		depo depo pous	은 <u>주</u>	¥ 4	Thought the second seco
12				ヹ	ł	80		Base included of the control of the	oga ga	ès pa	the the character than the character the character than the character
15						1st Bank of Paducah, KY accounts		ants, in	ness busi- phic	ng ng	ction of the children of the c
						<u> </u>	-	None		>	
								\$1 - \$1,000	<del></del>		B Walus Indicate value of reporting y- valuation met market value, method used. If an asset wa- reporting year only because income, the v "None."
X	X							\$1,001 - \$15,000	************	ဂ	me as of the man
		×					X   X	\$15,001 — \$50,000		O	Value of the control
			×	×	ļ		×	\$50,001 - \$100,000		П	BE B
		<u> </u>	ļ			×		\$100,001 - \$250,000		71	Trigger of or
<b>[</b>	<u> </u>	<b>}</b>	<b>}</b>	<b></b>	<b></b>	1		\$250,001 - \$500,000		<u> </u>	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."
		<b>ļ</b>	ļ					\$500,001 - \$1,000,000		<b>I</b>	out sprous
L	<u> </u>		1		<del> </del>			\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000		<u>۔</u> د	dib ding ecit use
			-		<del> </del>	<b>!</b>		\$25,000,001 \$25,000,000		<del></del>	H P To the Tyth and the total and the tyth a
			<del> </del>	ļ	<del> </del>	<b>-</b>		Over \$50,000,000		<del></del>	
~		<u>.                                    </u>	-		<del>                                     </del>	<del>                                     </del>	×	NONE			C
		-	<del>                                     </del>		ļ	1		DIVIDENDS		·····	he set in the star he is set in the set in t
			<del>                                     </del>	·	<u> </u>	×		RENT		· ·- · · · · · · · · · · · · · · · · ·	Type of in Type of in Check all columns retirement accounts allow you to choose ments or IRAs), you plans or IRAs), you plans or IRAs), you interest, and capit if retirested, must selected no the reporting period.
	X	×	×	×				INTEREST			The state of the s
			I					CAPITAL GAINS			grade C
				<u> </u>		ļ		EXCEPTED/BLIND TRUST			BLOCK C  biliumns that accounts that ger that ger choose sp that ger ome (suc d"column d capital d, must b Check " Check " period.
			<u> </u>		ļ	<u> </u>		TAX-DEFERRED			BLOCK C  Type of Income all columns that appent accounts that but to choose specific Of that generate income (such as r IRAs), you may ch figured column. Check "None lenerated no income lenerated no income orting period.
<u>ئ</u>		1	<b>\</b>				<u>,</u>	04 - 7 - 41			hat a common the common that a
43:9						1	<b>Hovalties</b>	Other Type of Income	· •		e state do
7								(Specify: e.g., Partnership Income or Fa	am 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 "tax-Deferred" column. Dividends, interest, and capital gains, even interest, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
-	X	<del> </del>	<del> </del>			$\dagger$		None		T	40237001124
		<b></b>	╁┈	<b></b> -				\$1 – \$200	=	1	
			<del>                                     </del>		ļ	1		\$201 - \$1,000		1 .	
		~		T		1	×	\$1,001 - \$2,500	₹	1 ₽	サザ 単型 学 学 ロ カ
						×	×	\$2,501 - \$5,000	<	ן [בּ	For Defer "Non approand incor
$\sim$								\$5,001 - \$15,000	≤	Į≝	ass cat ppri
			ļ	igsqcurie		<b> </b>		\$15,001 - \$50,000	₩ V V V V V V V V V V V V V V V V V V V	Current 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 relinvested, must be disclosed as income. Check "None" if no income was earned or generated.
			<u> </u>	ļ	ļ	<b> </b>		\$50,001 - \$100,000	≨	] =	
		<b> </b>	<del> </del>	<b> </b>	1	-		\$100,001 - \$1,000,000		1	BLOCK D  Amount of Income for which you che 1 Block C, you may mn. For all other ass ry of income by ch box below. Dividend gains, even if reinw d as income. Check earned or generated
<b> </b>		<del> </del>	├	$\vdash$	-	╂		\$1,000,001 - \$5,000,000 Over \$5,000,000	×	-	
			<del>                                     </del>			$\vdash$		None		<del> </del>	BLOCK D Int of in which yo k C, you yr all oth income elow. Div i, even if ncome. I d or gen d or gen
				<b></b>	<del> </del>	<del>  -</del>		\$1 - \$200		1	
			<del> </del>	<del> </del>	<del>                                     </del>	$\vdash$	×	\$201 - \$1,000			ration of the corrections of the
		<del> </del>	1	<del>                                     </del>		厂		\$1,001 - \$2,500	≡ ₹ <	1 สั	Neg See See
				<u> </u>		×	×	\$2,501 - \$5,000	<del></del>	18	North St.
			L					\$5,001 - \$15,000	≤	] ₽	ne ing
								\$15,001 \$50,000	≦	رق [	you checked "Tax- you checked "Tax- you may check the other assets, indicate ne by checking the Dividends, interest, of the invested, must e. Check "None" if no generated.
		ļ						\$50,001 - \$100,000	VI VIII IX	Preceding Year	0 2 5 0 0 0 7
				ļ	ļ	<u> </u>		\$100,001 - \$1,000,000		1 🚆	
		<b> </b>	ļ	<b></b>		1		\$1,000,001 ~ \$5,000,000	×	4	
	L	L	<u> </u>	1	l	<u> </u>		Over \$5,000,000	×	1	

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Name Ernest NowIne Powell Page 4 or I

 ⊆ ≽	9 9 5 5 5 5 6 6	DC JT,	Continuat
Wells Fourgo USARMY Retirement Simple IRA	Wells Fourgo (Work) Wells Fourgo (401K) Wally Financial Services Le Walnut Securities Inc		Continuation Sheet (if needed)  BLOCK A  Asset and/or Income Source
	* * * * * * * * * * * * * * * * * * *	None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$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 - \$5,000,000  \$25,000,001 - \$50,000,000  \$00,001 - \$50,000 - \$50,000  \$00,001 - \$50,000 - \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$50,000   \$5	BLOCK B  Value of Asset
* Retirement	7 7 7 7 7 7 7	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership income or Farm Income)	BLOCK C  Type of Income
× × ×	× ×	None — — — — — — — — — — — — — — — — — — —	Amount of Income
<i>&gt;</i>	× × ×	\$1 - \$200 =	Come Lake To 1

This page may be copied if more space is required.

#### SCHEDULE III - LIABILITIES

Name Exprest Wayne Powell

Page O of 3

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

SP.		Date		>	<b>T</b>		Amount of Liability DEFG		o Mild	=	-
٦ <u>,</u>	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
	Example:   First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×				
	Wells Forgo (Justice Rd.) Feb. 200	Feb. 200	Mortgage on 14770 Justice &				r y	$\times$			
	WellsFurgo	Aug. 2009	Ay 2009 mortgage 421 Branchways				$\bigcap$	,			
		June 1999	June 1999 MONTHOLK, WASTST.				X				
		5427.2007	Sept. 2007 mortgage 1040 mond VA					X			

#### **SCHEDULE IV -- POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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-

Exclude: Positions listed on Schedule t; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization): and positions solely of an honorary nature

and positions solety of an inchorary materies.	IAVI C.
Position	Name of Organization
President	POWER & PARTISH, P.C.
Managing Partner PKO, LLC	PKO, LLC
Managing Partner	EMP, LLC
C	

#### SCHEDULE III — LIABILITIES

Name Ernest Wayne Pawell Page 6 of

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

						Απ	ount o	Amount of Liability	ility			
 S S		Date		^	9	0	ш	711	Ð			۰ د
 ٦Ņ	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 Street, Dover, DE			×	Н					
	BBAT	Aprilable	April 2010 Martgage 11330 Bondurant Dr				X					
	SwnTrust	Sept. 2007	SEPT. 2007 2 nd mortgage 104 Dwintington Pl.	7	墨	Alex						
	Virginia Credit Union	May2011	May 2011 Person al line of credit									
 į	Shirley Overstreet	५को. <i>न</i> ळश	Spliana Personal lown	Y	<i></i>							
 	Toucta Oreduit	DEC. 2011	DEC. 2011 CAT LOWN									

#### SCHEDULE IV - POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 off-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entitles (such as a political party or campaign organization); and positions solely of an honorary nature.

 	 	 	_
		Position	and positions solely of an inchinary fraction.
		Name of Organization	ature.

### SCHEDULE V — AGREEMENTS

Name Errest Wayne Powell

Paget of

efft 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-

4						
				,		Date
					Mane	
						Parties To
		•	,			
						Terms
	,					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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
MOUTELL + PARRISH, PC	lega/Jennies
Ewplic '	Rest Thomas
PRE CLC	Renty Theomi-