cs. Yes □ No ✔	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.	ssets, "unearned" inc ? Do not answer "ye	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or list because they meet all three tests for exemption? Do not answer "yes" unless you have first	
Yes 🗌 No 🖸	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?	oved by the Committe details of such a trus	Trusts— Details regarding "Qualified Blind Trusts" appropriately disclosed. Have you excluded from this report	
TIONS	ATION - ANSWER EACH OF THESE QUESTIONS	UST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	m
	schedule attached for each "Yes" response.	i	If yes, complete and attach Schedule V.	
nd the appropriate	Each question in this part must be answered and the appropriate	Yes V No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	<u>.</u>
	If yes, complete and attach Schedule IX.	i	If yes, complete and attach Schedule IV.	
Yes No 🗸	Did you have any reportable sgreement or arrangement with an outside IX. entity?	Yes No	Did you, your spouse, or dependent chird purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	₹.
	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
yinthe Yes ≰ No □	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	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?	Ţ.
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
travel or Ves V No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from an actures?)	Yes No	Did ary individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Ē
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
gift in	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes ✓ No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-
	DUESTIONS	OF THESE O	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	70
late.		☐ Termination	Type (S) Annual (May 15)   Amendment	
more than 30 days	Termination Date:		Report	
be assessed against			Status House of Representatives District: 02	
A \$200 Benalty shall	Officer Or Employing Office:		Member of the U.S. State: SC	
(Office Use Only)	(Daytime Telephone)		(Full Name)	
10 2012 HAY -8 PH 2: 33	803-939-0041		Addison (Joe) Graves Wilson	
LEGISLATIVE RESOURCE CENTER				
TANC CIT	For use by Members, officers, and employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	
ラムフコローベバスパロ				٦

## SCHEDULE I - EARNED INCOME

Name Addison (Joe) Graves Wilson

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Ē		
Source	Туре	Amount
S. C. State Retirement System	Retirement	\$19,648.32
S. C. National Guard	Retirement Annuity	\$1,200
U.S. Military Retirement	Retirement	\$19,392.16

SCHEDULE III
- ASSETS AND
"UNEARNED"
INCOME

Name Addison (Joe) Graves Wilson

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		Name Addison (Joe) Graves v	JOE) CITAVES WISON		ragesoro
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASSI Identify (a) secional value exceedin reportable asse "uneerned" inc	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 "uneerned" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair	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	Amount of Income For ratirement 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	
For all IRAs and (i.e.,plans in white investments), pro reporting thresho only the name of reporting period.	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 retirement 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.	near way very brease specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	you may check the "None" 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.	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	Service Servic
For rental or ot	For rental or other real property held for investment, provide a complete address.			o generates.	
For an ownership in state the name of the location in Block A.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there w \$5,000 or less i in, or income d Savings Plan.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				<u> </u>
If you so choos spouse (SP) or optional column	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.				
ΤĽ	220-A Justice Court NE, Washington, DC 20002	\$250,001 - \$500,000	None	NONE	
JT	2823 Wilton Road, Springdale,	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
JT	2827 Wilton Road, Springdale, SC	\$50,001 - \$100,000	None	NONE	
JT	99 Tally Ho Court, Sapphire, NC	\$250,001 - \$500,000	RENT	\$201 - \$1,000	
	Exxon Mobil Stock, Irving, TX (40 Shares)	\$1,001 - \$15,000	None	NONE	
JT	Graves Park Estates (Property located in Springdale, SC)	\$50,001 - \$100,000	None	NONE	

Name Addison (Joe) Graves (	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Wilson	Name Addison (Joe) Graves Wilson	

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME		Name Addison (Joe) Graves Wilson		Page 4 of 8
	Moseley and Wilson Partership (634-640 Sunset Blvd., West Columbia, SC)	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	Moseley and Wilson Partnership (101 Shuler Street, West Columbia, SC)	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
	Moseley and Wilson Partnership (1534 Sunset	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
	Moseley and Wilson Partnership (515 E. Main Street, Lexington, SC)	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
	Moseley and Wilson Partnership (922 Sunset Blvd., West Columbia, SC)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT	Royal Dunes Resort - Timeshare, Hilton Head Island, SC	\$1,001 - \$15,000	None	NONE	

#### **SCHEDULE V - LIABILITIES**

Name Addison (Joe) Graves Wilson

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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 mortgates on personal residences.

JT	٦	<u>-</u>		L					SP, DC,
SCB&T	Ameris	Cenlar		JP Morgan	First Reliance Bank	Congressional Federal Credit Union	BB&T	South Carolina Army Reserve National Guard Credit Union	Creditor
July 2006	December 2007	December 2007		December 2004	October 2006	February 2008	July 1999	October 2006	Date Liability Incurred
Personal Loan Secured by Property at 2825 Wilton Road, Springdale, SC	Home Equity Line of Credit secured by 99 Tally Ho Court, Sapphire, NC	Mortgage Secured by Property at Tally Ho Court, Sapphire, NC (Formerly known as Taylor, Bean and Whitaker)	Washington, DC and Witton Road, Springdale, SC (Formerly known as Washington Mutual)	Mortgage Secured by Property at Justice Court,	Personal Loan	Personal Loan	Personal Loan	Personal Loan	Type of Liability
\$50,001 - \$100,000	\$50,001 - \$100,000	\$250,001 - \$500,000		\$250,001 - \$500,000	\$10,001 - \$15,000	\$10,001 - \$15,000	\$15,001 - \$50,000	\$10,001 - \$15,000	Amount of Liability

#### **SCHEDULE V - LIABILITIES**

Name Addison (Joe) Graves Wilson

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furniture, or appliances; 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 mortgates on personal residences. 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 all or part of it is rented out); loans secured by automobiles, household

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	SCB&T	December 2004	Mortgage Secured by Property specified as Graves Park, Springdale, SC	\$100,001 - \$250,000
	Bank of America Visa	Revolving	Credit Card	\$10,001 - \$15,000
:	Southern First Bank	July 2010	Personal Loan	\$10,001 - \$15,000
	First Reliance Bank	March 2011	Mortgage made by Moseley and Wilson Partnership. Joe Wilson is Personal Guarantor.	\$100,001 - \$250,000

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Addison (Joe) Graves Wilson Page 7 of 8

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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
Conservative Members Retreat - Heritage Foundation	Jan 27-29	Jan 27-29 DC-California-DC	Υ	~	Υ	0 Days
Republican Members Retreat	Jan 13 -15	Jan 13 -15 DC - Baltimore -DC	Υ	Y	Υ	0 Days

### **SCHEDULE VIII - POSITIONS**

Name Addison (Joe) Graves Wilson

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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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Partner Moseley and Wilson Partnership	Position	Name of Organization
	Partner	Moseley and Wilson Partnership