ž Z	Yes	ependent child	ilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabilitie unless you have first consulted with the Cor	arned" income, s s you have first	er assets, "unea wer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabil because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the (EXEMPTION—Have you escause they meet all three
ĕ ⊠	Yes 🔲	ot be	cepted trusts" need nont child?	and certain other "exce	ittee on Ethics ing you, your sp	d by the Comm	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?	RUSTS - Details regarding sclosed. Have you exclude
S	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	l	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	(CLUSION OF SP
,	esponse.	each "Yes" r	lule attached for each "Yes" response	propriate schedul	and the ap	e answered	Each question in this part must be answered and the appropriate sched	Each que
Ž Ž	Yes	\$5,000 from	ensation of more than prior years? Ich Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No III a V	N Yes	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.	Did you, your spouse, or a de liability (more than \$10,000 yes, complete and attach S
Š	Yes	rangement	oortable agreement or arrangement ttach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	No D	⊠ ⊠	It. 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 II.	II. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 of yes, complete and attach Schedule II.
Š X	Yes 🔲	before the date or two years?	portable positions on or before the date alendar year or in the prior two years?	IV. Did you hold any repor of filing in the current caler if yes, complete and atta	No II	Yes X	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.	Did you or your spouse have ss) of \$200 or more from any yes, complete and attach S
				QUESTIONS	EACH OF THESE		ORMATION — ANSWER	PRELIMINARY INFORMATION
							In all sections, please type or print clearly in blue or black ink.	all sections, please type or
assessed vho files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A <i>\$200 penalty</i> shall be against any individua more than 30 days late	Check if Amendment	11/6/12	Date of Election:	Thice:	Candidate for the House of Representatives New officer or employee Employing Office:	Filer Candidate for House of Rep New officer or employee
INVES CO	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. Hause (.
	2012 MAY 31 PH 1: 18	2012 MA		elephone	Daytime Telephone		EMALO C. GOVER	Name: <i>EUNAL</i>
age 1 of 🖊	MAY 2 1 2012 Page 1 of -	.WAY	₫ B and new employees	FORM B		ATIVES 30 2012	PRESENT PRESENT PPL/L	UNITED STATES HOUSE OF REFINANCIAL DISCLOSURE STATE Period covered: January 1, 2014 -

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name RONALO C. GOULD Page ____ of __

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.

	מווסווסוג טוסשימווס, מוום בסווסווס וס	COLACA CITACO CITA	Codial Occurry Act.
COLLEGE (include date of repeint for honoraria)	Type	Amount	unt
	• 3 #~	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
ARIZONA SIMTE SENATE	SALARY	8,000	24,000
HAVASU REALLY	Spouse SALARY	4/2	4/8
AIR CONDITIONING-GUY (SOLETOR)	GEOSS CEITTS	308,00	66,300
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DY AIR CONDITIONING BUY 92	TMT HEMLOCK HIL AZ	TO STHEMLOCK HIC AZ	IT 108 TORTOISE YUCCOARE	THE SUSTAINABILITY STATES	DIT 101 ALTA LN LHCAZ	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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 personal checking or savings accounts; 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.	For rental or other real property held for investment, provide a complete address.		BLOCK A
×	*	><	><	><	×.	×	Indefinite	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000	A B B B B B B B B B B B B B B B B B B B	Value of Asset indicate value of asset at close of reporting year. If you use a raluation method other than fair market value, please specify the nethod used. If an asset was sold during the eporting year and is included only because it generated noome, the value should be None."	вгоск в
	×			X	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income	2)	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 "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.	BLOCK C
X	X.			X	×	×		×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	Current Year Preceding Year	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 "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.	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RONALD C. GOULD

Page 2 of 2

None None									С S.P,		
S1 - S1,000							\$ TC				BLOCK A Asset and/or Income Source
DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income or Farm Income)							×	×	\$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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	BCDFFGHIJK	BLOCK B Value of Asset
S1-\$200							×	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income		BLOCK C Type of Income
							X	×	\$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500		BLOCK D Amount of Income

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Name RUNALD (GOULT)

Page /_ of

Name BUNALI

SCHEDULE III - LIABILITIES

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

	_	_		_		٠		
i		7	Over \$50,000,000					
,		-	\$25,000,001 \$50,000,000					
-		I	\$2,000,000,000 \$25,000,000					
2000	llity.	5	-100,000,1\$					
5	Liabi	ш	-100,003\$ 000,000,1\$			_		
י אר היים אינויים אינו	Amount of Liability	E	\$250,001— \$500,000					
	Amo	Q	-100,001 \$ \$250,000	×	X			
200		ပ	\$50,001					
2		8	#15,001— 000,03‡					
		۷	-100,01\$ \$15,000					
the state of the state of the state of the protect of the protect of the state of t			Type of Liability	Mortgage on 123 Main Street, Dover, DE	MORIGHOE TARDON			
		Date	Liability Incurred mo/year	May 1998	m#/	•		
			Creditor	Example: First Bank of Wilmington, DE	BOFA SFOAUR			
D		SP	, DC,		75			

SCHEDULE IV — POSITIONS

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 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 a political party or campaign organization); and positions solely of an honorary nature.

Name of Organization		<u>さ</u> 2	
Position			

Use additional sheets if more space is required.