EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS III. Did you, your spouse, or a dependent child have any report able liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. 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. in all sections, please type or print clearly in blue or black ink because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics 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 yes, complete and attach Schedule II. **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be UNITED STATES HOUSE OF REPRESENTATIVES Period covered: January 1, 2013-FINANCIAL DISCLOSURE STATEMENT Name: Status Filer Each question in this part must be answered and the appropriate schedule attached for each "Yes" response House of Representatives Candidate for the employee New officer or - Itzgera たっち State: ___ District: Employing Office: TEXAS 36 Yes Yes Yes 7014 ablaZ Daytime Telephone: Z 8 Ö Election: Date of For use by candidates and new employees 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. IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yea, complete and attach Schedule IV. V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. MARCH 4, 201 **ANSWER EACH OF THESE QUESTIONS** Amendment Check if GISLATIVE RESOURCE CENTER Page 1 of 4 HOUSE OF REPRESENTATIVES 014 FEB 12 against any individual A \$200 penalty shall be more than 30 days late EB 03 (Office Use Only) PM 1:23 Yes Yes Yes Yes Yes who files assessed No X š K <u>₹</u> <u>₹</u> 8 X

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

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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) 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.

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.	nent programs, and benefits re	ceived under the Social S	ecurity Act.
	Two	Amount	unt
Source (include date of receipt for nonorana)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
TEXAS Count & District Retrouncut Sustem	Retirement		# 32,094
			•

of income with a fair market value exceeding \$1,000 at identify (a) each asset held for investment or production Asset and/or Income Source **BLOCK A**

the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

(do not use ticker symbols). Provide complete names of stocks and mutual funds

For rental or other real property held for investment, provide a complete address or a description, e.g., account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the rental property," and the 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. >

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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. Exclude: Your personal residence, including second

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. If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule II requirements,

ş

SP Mega Corp. Stock

None

\$50,001 -

\$1 - \$1,000

\$1,001 - \$15,000

\$100,000

Simon & Schuster ist Bank of Paducah, KY accounts

Indefinite

DC, Examples:

Rental

PROPERTY

Liberty Country

HaroKock Const

UNICATION

Fitzpak Chewron

Value of Asset BLOCK B

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

it generated income, the value should If an asset was sold during the reportbe "None." ng year and is included only because

by your spouse or dependent child. *This column is for assets solely held

during the reporting period.

if the asset generated no income

BLOCK C

interest, and capital gains, even if reinvested, must be disdeferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, closed as income. Check "None" investments or that generate taxallow you to choose specific retirement accounts that do not Check all columns that apply. For

Type of Income

Amount of Income BLOCK D

income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as 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. Check "None" if no income was earned or generated.

spouse or dependent child. * This column is for income derived from assets solely held by your

	, m
\$250,001 - \$500,000	Ð
X \$60.00 \$1.001.000	Ŧ
\$1,000,001 - \$5,000,000	
\$ 000,00 + \$25,000,000	· 🔌 🐫 🕙
\$25,000,001 - \$50,000,000	
Spouse/DC Asset over \$1,000,000*	Z
DIVIDENDS	
REM	
× INTEREST	
CAPITAL GAINS	4 116
EXCEPTED/BLIND TRUST	
TAX-DEFERRED.	
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
\$1 - \$200 =	
\$201 \$1,000	
× \$1,001 − \$2,500 <	
	Current Year
\$5,001 ~ \$15,000 ≤	rre
\$600F-\$600	🛱
> \$50,001 − \$100,000 ≦	★
\$100,001 - \$1,006,000 ×	är
\$1,000,001 - \$5,000,000 ×	
Over \$5,000,800 ≥	
Spouse/DC Income over \$1,000,000* ≚	
\$1 - \$200 =	
	₽
\$1,001 - \$2,500	96
X X X X X X X X X X X X X X X X X X X	ěć
\$5,001 − \$15,000 ≤	ij
> \$18,001 - \$50,000 ≦	9
★ \$50,001 − \$100,000 ≦	Preceding Year
\$100,001-\$1,000,000	3
\$1,000,001 - \$5,000,000 ×	
Over \$5,000,000 ≚	
Spouse/DC Income over \$1,000,000* ≚	

Current Year
Preceding Year

SCHEDULE III — LIABILITIES

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Page ± of ±

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. 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

SP, DC,	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 \$15,001— \$50,000	\$50,001— \$100,000 ? \$100,001—	\$250,000 D \$250,001— D \$500,000 D	\$500,000 TI St.000,000 TI St.0	\$5,000,001— \$25,000,000— \$50,000,000	Over \$50,000,000 C Spouse/DC Liability over
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		\$ 5 P. S				,
	First Liberty National Back MACZAD Business	MAC 2000	Business LUAN		75.75.4		````		
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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, 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.

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 all nonotary nature.	ialure.
Position	Name of Organization