

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Name: Terrycina Andrea Sewell

Daytime Telephone: _____

| | | | | | |
|--------------|---|------------------------------------|--------------------------------------|--|-------------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>Alabama</u> | District: <u>07</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____ |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15, 2013) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Termination Date: _____ | |

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|--|---|--|--|------------------------------|--|
| 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|--|------------------------------|--|
| IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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 dependent child? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

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BLOCK E
Transaction

| | |
|---------------|------------------|
| SP | Mega Corp. Stock |
| DC, Examples: | Simon & Schuster |

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

Transaction
Indicate if the
asset had
purchases
(P), sales (S)
or exchange
(E) exceedin
\$1,000 in
reporting
year.

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Terrycina Andrea Sewell

Name

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| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | | BLOCK D | | | | | | | | | | | | BLOCK E | |
|----------------------------|---------------------------------|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----------------|-----------|------|----------|---------------|----------------------|--------------|---|------------------|----|-----|----|---|----|-----|------|----|---|----|-----|-------------|--|
| Asset and/or Income Source | | Year-End Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | | Amount of Income | | | | | | | | | | | | Transaction | |
| SP, DC, JT | | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | P, S, E | |
| | Amer Funds Amcog (IRA) | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | Amer Funds Washington (IRA) | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | American Euro Pacific (IRA) | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | American Growth Bond (IRA) | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | American Investment (IRA) | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | Columbia Maristo Growth (IRA) | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | Eaton Vance Income Fund (IRA) | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | Nellis Fargo Advantage (IRA) | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| | House, Seacrest Bth Fl (rental) | | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| | Coach Inc. Stock | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | General Electric Company Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CISCO Systems Inc Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE V— LIABILITIES

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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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); 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 charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred Mo/Year | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------|------------------------------|---------------------------------|--|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|---------------------------------------|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | | \$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 | Spouse/DC Liability Over \$1,000,000* |
| Example: | First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | | X | | | | | | | |
| | Regions Bank, Alabama | 2003 | Mortgage on house, Seacrest Beach, Florida | | | | | | X | | | | | |
| | Regions Bank, Alabama | 2009 | Personal Loan | | | X | | | | | | | | |
| | Regions Bank, Alabama | 2009 | Personal Loan | | | | X | | | | | | | |
| | Regions Bank, Alabama | Dec 2005 | Mortgage on Personal Residence | | | | | X | | | | | | |

SCHEDULE VI— GIFTS

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. **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.

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 |
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