№	Yes	pendent child	littes of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilitudess you have first consulted with the C	arned" income is you have fir	er assets, "une wer "yes" unle	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 .	ot be	ent child?	s and certain other "ex spouse, or a depender	ittee on Ethic ing you, your	d by the Comn h a trust benefit	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be declosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	MATION - ANS	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — AN
	esponse.	each "Yes" r	dule attached for each "Yes" response.	and the appropriate sched		be answered	Each question in this part must b
№	□	\$5,000 from	mpensation of more than \$5,000 from two prior years? attach Schedule VI.	VI. Did you receive com a single source in the two if yee, complete and at	₹ <u>×</u>	66	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.
₹	68	rangement	sportable agreement or arrangement attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	8 ⊠	¥68 □	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.
8 ×	Yes	ספייסים the date איז <u>two</u> years?	ortable positions on or blendar year or in the prictach Schedule IV.	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 yes, complete and attach Schedule IV.	№	Yes 🔀	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.
į.		, ,		ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION - ANSWI
						1	in all sections please type or print clearly in blue or black ink
assessed who files	ty shall be individual days late.	A \$200 pena against any more than 30	Check if Amendment	i	Date of Election:	State: Creokgi A District: 11 Employing Office:	Filer X Candidate for the State: Creok
, (OFFICE OF THE CLERK J.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF R					
	20 24 STILL STILL STATE OF STA	2012 APR 20	· ·	Telephone: 7(Daytime	·	Name: Michael Opitz
101	APR 0 2 25% 10 6	E	M B and new employees	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Perlod covered: January 1, 2011 - 12-12-14-33/74

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael Opitz

Page 2 of Co

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.

Exclude: Military pay (such as National Guard of Heserve pay), rederal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re-	ceived under the Social	Security Act.
Course (include date of receipt for honorade)	Type	Amount	unt
Course (include cate of teceph for tollowing)	1)[20	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$ 3,200
XYZ Trade Association, Chicago, iL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	N
The MARIETTA DAILY JOURNAL	Souse Salney		547 589 14
tel-Lucent Retieement Income	Retirement Income		*26,86° CS
	Social Security		714.6532°
		-	•
	- The state of the		
	-		

SP Tournal 401K	SP Tyco	SP CHOCK PIAN	SP RETIREMENT SHUMS	JI Georgias can Eard H Union Account	JT Accounts		Examples:	SP Mega Corp. Stock	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.	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or tess in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	Asset and/or Income Source 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 "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). 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 subtuelled.
X	*	*	X	X	X	×	Indefinite	X	\$100,001 - \$25 \$250,001 - \$50 \$500,001 - \$1, \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - Over \$50,000,0	000 0,000 50,000 00,000 000,000 5,000,000		> BB C C C C C C C C C C C C C C C C C C	BLOCK B Value of Asset Value of Asset at close of reporting year. If you use a raluation method other than fair narket 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."
						×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BL Other Type of It (Specify: e.g., Par	IND TRUST	Farm Income	9)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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.
						×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$5,001 - \$100,001 - \$1,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,50 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,0001 - \$1,000 \$1,0001 - \$1,000,0001	0 00 000 0,000 000,000 5,000,000 00 00 00 00 000 0		Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments <u>or</u> 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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Michael Opitz

Page 4 of 6

BLOCK Specific S				7#38	3-0	mediation See		Asset and/or Income Source	BLOCK A
None				7#3	Ġ	ediation See		Asset and/or Income Sourc∈	BLOCK A
X X X S1-\$1,000 D								W	j
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST				×	×	*	\$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 - \$50,000,000	Value of Asset	вгоск в
\$1 - \$200							NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income		BLOCK C
\$2,501 - \$5,000 < Q							\$1 - \$200 = \$201 - \$1,000 \(\frac{1}{2} \) \$1,001 - \$2,500 \(\frac{1}{2} \) \$2,501 - \$5,000 \(\frac{1}{2} \) \$5,001 - \$15,000 \(\frac{1}{2} \) \$15,001 - \$50,000 \(\frac{1}{2} \) \$50,001 - \$100,000 \(\frac{1}{2} \) \$100,001 - \$1,000,000 \(\frac{1}{2} \) \$1,000,001 - \$5,000,000 \(\frac{1}{2} \) Over \$5,000,000 \(\frac{1}{2} \) None \(- \frac{1}{2} \)	Amount of Income	BLOCK D

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SCHEDULE III — LIABILITIES

Name Michael Critz

Page \leq of \checkmark

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 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.

			1-1		
			77		SP, JT
			BB+T Mortgage	Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
			1802 Lightwickt MACENTA, GA	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
١					\$15,001 \$50,000 D
	<u>-</u>				\$50,001— \$100,000 O
1		 	7	×	\$250,000 D Amoun
		 			\$500,000 \$500,001—
					\$1,000,000 \$1,000,001— G \$5,000,000
					\$5,000,001— ±
					\$25,000,001—_ \$50,000,000
					Over \$50,000,000 C

SCHEDULE IV - POSITIONS

cer, 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. 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 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

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25ct-cep Lbc	Procesos
	President
Medisan Forusy, in Compression Don-Train	Pres Lent
Name of Organization	Position
	and pasinone solely of an inchestary materio.

SCHEDULE V - AGREEMENTS

Name Pricher Opite

Page Cot Co

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 benefit plan maintained by a former employer.

i		 		,
				Date
·				Parties To
				o'
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	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
				Terms of Agreement
		•		ement

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.