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Yes No No	child because	nsactions, or liabilities of a spouse or dependent with the Committee on Ethics.	" income, tran	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 No No	closed. Have you	nid certain other "excepted trusts" need not be displicated.	on Ethics and dependent ch	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?
UESTIONS	F THESE Q	MATION — ANSWER EACH O	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
wered and the 'Yes" response.	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _o	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 No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	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 No	or before the date	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.	₹	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 No	d receive any n the reporting		₹	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 No X	l receive any regating more	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.	S S	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
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	against anyor 30 days late.	Termination Date:	Employee	Status House of Representatives District: Report Annual (May 15, 2012) Amendment
A \$200 penalty shall be assessed	A \$200 penal	or Employing Office:	Officer or	Member of the U.S.
ILSENTATIVES FX	U.S. HOUSE OF NETHESEMIATIVES (Office Use Only)	Uayume reiepnone:	Dayume	
PM 2: 35	2013 APR -5 PM 2: 35] } }	CHINAN CO 13100111
JURCE CENTED	TEGISLATIVE RESOURCE CENTER			
7 2013	MAR 27 2013	Form A For use by Members, officers, and employees	MENT	CALENDAR YEAR THE FINANCIAL DISCLOSURE STATEMENT
Page 1 of				INITED CTATES HOUSE OF BEDDESENTATIVES

Name CHARLES B. GONZALEZ Page 2 of 6

SCHEDULE I—EARNED INCOME

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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
EDGEWOOD INDERT. SCHOOL DISTRICT	SPOUSE SALARY	AN
EMPLOYEES RETIREMENT SYSTEM OF TEXAS		#7016.78
	3.5	

CONG. FAD. CREO.	Lis	FEO. CREDIT UNION	DISTRICT RETIREMENT S.K.	£	THRIFT SAVINGS OFFICE	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 (unitess 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. 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.	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 retirements which were the second to exceed the power of the second to the second the second that exceeds the reporting thresholds. For retirements which were the second that exceeds the second that exceeds the second that exceeds the reporting thresholds.
X	X	<u>*</u>	×	>		×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
X	×	×	×	\ \	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 "Tax-Deferred" 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	X	><		×		×	×	X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 <	BLOCK D Amount of Income 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 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.
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name CHARLES A. CONZALE2 Page 4 of 6

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	7		5.7						GOV'T. SEC.	LTD. MATURITY U.S.	SOND FUND / FRANKLIN	AMER SHORT TERM	BANK CD	USAN FEO. SAVINGS	USAA ROTH TRA		BLOCK A Asset and/or Income Source
																None ➤	
															X	\$1 – \$1,000	
			Ì													\$1,001 – \$15,000 O	
																\$15,001 - \$50,000	<u> </u>
													X			\$50,001 – \$100,000 m	BLOCK B Year-End Value of Asset
									X							\$100,001 – \$250,000	BLOCK B Year-End
																\$250,001 – \$500,000 ଦ	T THE
																\$500,001 - \$1,000,000 I	SS/B
																\$1,000,001 - \$5,000,000 -	et
	 		 ļ	ļ	ļ											\$5,000,001 - \$25,000,000	
																\$25,000,001 - \$50,000,000	
																Over \$50,000,000	
																NONE	
									$\overline{\mathbf{x}}$							DIVIDENDS	
																RENT	
													X			INTEREST	Q _
																CAPITAL GAINS	BLOCK C Type of Income
																EXCEPTED/BLIND TRUST	LOCK C Type Incon
															X	TAX-DEFERRED	Tage °
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•
																None -	
															X	\$1 - \$200 =	BLOCK D Amount of Income
													\times			\$201 - \$1,000	וסר
		 L	 						X							\$1,001 – \$2,500	int B
																\$2,501 - \$5,000	BLOCK D
																\$5,001 − \$15,000 ≤	ह 🖯
			L		<u> </u>	ļ										\$15,001 - \$50,000 \(\leq \) \(\	쓸
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Ш				_	L											Over \$5,000,000 ≚	
																m ço, m	BLOCK E

SCHEDULE V— LIABILITIES

Name CHARLES A. CONCALE

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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. **NOTE**: Pending legislation may require Members to report 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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

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	!				SP, DC, JT	
METITUTE, INC.	BANK OF BANERICA	CHISE	PHOENIX LIFE INS . CO	Example: First Bank of Wilmington, DE	Creditor	
	2012,	JHN-8. 2013	2011	May 1998	Date Liability Incurred Mo/Year	
SON'S STUDENT LOAMS	,,	CREDIT CARD	HOWAR SILL SHAWN NO HAGT	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	1
	X	X	X		\$15,001- \$50,000	
	•	<u> </u>			\$50,001- \$100,000	
				×	\$100,001- \$250,000	
					\$500,000	
		_			\$250,000 m \$250,000 m \$500,000 m \$1,000,000 m	
				-	\$5,000,000 \$5,000,001	
	_			-	\$25,000,000 - \$25,000,001 \$50,000,000	
l					Over \$50,000,000	l

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.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. **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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	5
	141	1/11	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

SCHEDULE VIII—POSITIONS

Name CHARLES P. GONEBLEZ

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

Position	Name of Organization
CHAIR	CONDRESSIONAL HISPANIC CAUCUS INSTITUTE
BOARD MEMBER	NATIONAL ASSN. OF LATINO ELECTED OFFICIALS
COMMISSION MEMBER	COMMISSION ON POSITICAL REFERENT (BIRMETISAN POLICY CENTER)

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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