-	T	1			T	T	1 —					_		
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the appropriate sche	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.	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?  Yes Tyes, complete and attach Schedule II.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	employee Employing Office:	Filer Candidate for the State: 125 House of Representatives District: 125 Status New officer or		Name: Eyan Christopher Combe		Period covered: January 1, 2011 - April 30, 2011	FINANCIAL DISCLOSURE STATEMENT
arned" income is you have fi	littee on Ethic ing you, your	TINFOR	and the a	<b>№</b>	<b>₹</b>	<u>₹</u>	OF THES		Date of Election:		Daytime			
"unearned" income, transactions, or liabil unless you have first consulted with the C	s and certain other "ex spouse, or a depende	 	appropriate sched	VI. Did you receive com a single source in the to if yes, complete and at	V. Did you have any rep with an outside entity? If yes, complete and a	IV. Did you hold any rep of filing in the current ca If yee, complete and at	SE QUESTIONS		1. 1909 48 4845		Telephone		For use by candidates and new employees	FORN
ilities of a spouse or dependent child Committee on Ethics.	ent child?	SWER EACH OF THESE QUESTIONS	dule attached for each "Yes" response.	mpensation of more than \$5,000 from the prior years?	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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 yee, complete and attach Schedule IV.			Check if Amendment		•		and new employees	R B
pendent child	ot be	)F THESE	each "Yes"	\$5,000 from	rangement	before the date or two years?		more than	A \$200 pe against ar	U.S. HOUSE OF	OFFICE (	LEGIOLATIVE.	ברונו אדועב	MA)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	QUESTION	response.	Yes	Yes	Yes 🔀		more than 30 days late.	103	(Office Use Only)	OFFICE OF THE CLERK UPS	7 DK 1- DØ	FOISI ATIVE RESOURCE CENTER	MAY 15 2010
<b>₹</b>	No X	S		No ⊠	<b>№</b> ⊠	No 🗌			who files				<del>-</del>	Page 1 of

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

ame Ryan Combe Page 2 or 5

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. 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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Time	Amount	unt
Scales (include date of receipt of nonoraria)	· I ype	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	×
Franchise Foundry	Salory	2,200	25,357
at a	Salary	15,46872	9,204
£ 6	Salary	_1,250	5,750
	Salary	0	200
Spoon Me I LLC	Sclary	Ó	500
Spoon Me Franchisina LLC	Salary	٦٥	2800
Lashes	Spouse Salary	6,366.66	9,918
		1	•
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Page 3 of

Prudential Life Ins	TIAA - CREF RAIGE	Wells Fargo Accounts	1st Bank of Paducah, K	Examples:	SP Meda Corp. Stock		For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-		BLOCK A  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 (or not use ticker symbols).  For ell 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
*	*	×	×		×	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 C D E F G H - J K L	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."
~	×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm	Income	)	BLOCK C  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 tRAs), 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.
×	× .	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000		Current Year	Amount of Income For retirement accounts that do n to choose specific investments on ate tax-deferred income (such as or IRAs), you may check the "No For all other assets, indicate the income by checking the appre below. Dividends, interest, a gains, even if reinvested, mu closed as income. Check "N income was earned or generated.
			×	×	×	Over \$5,000,000  None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000		Preceding Year	Amount of Income  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.

Over \$5,000,000

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eriod by s there is	Name
you, your spous rental income);	Ryan
ne reporting period by you, your spouse, or dependent child. Mark the highest amount dence (unless there is rental income); loans secured by automobiles, household turni-	Combe
highest amount household furni-	Page 4 of 5

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 resi Report liabilities of over \$10,000 owed to any one creditor at any time during the

	<u> </u>			SP, DC, JT
		American Express	Example:   First Bank of Wilmington, DE	Creditor
		Dec. '04	May 1998	Date Liability Incurred mo/year
		Credit Card	Mortgage on 123 Main Street, Dover, DE	Type of Liability
		×		\$10,001— \$15,000
				\$15,001— \$50,000 <b>w</b>
				\$50,001— \$100,000 O
<u> </u>			×	\$100,001— \$250,000
				\$250,001— m S
				\$250,000 m \$250,000 m \$500,000 m \$1,000,000 m
7				\$5,000,001—
		.		\$25,000,001— \$25,000,001—
		_	$\vdash$	\$50,000,000
				\$50,000,000

## SCHEDULE IV - POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 or an nonorary nature.	ature.
Position	Name of Organization
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Name Ryan Combe Page 5 of 5

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.

## 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 1.

Sourc
Source (Name a
Source (Name and Address)
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