| <b>₹</b>           | Yes 🔲   | pendent child                             | sbilities of a spouse or deple Committee on Ethics.   | ie, transactions, or lia irst consulted with the                    | arned" incom<br>ss you have fi | er assets, "une<br>swer "yes" unte | <b>EXEMPTION</b> —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. | be <b>m</b>       |
|--------------------|---|---|---|---|--------------------------------|------------------------------------|--|-------------------|
| ∑<br>S<br>N        | Yes 🔲   | ot be                                     | other "excepted trusts" need no dependent child?  | cs and certain other '  | nittee on Ethic                | nd by the Comr<br>h a trust benefi | <b>TRUSTS</b> —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?                   | <sub>양</sub> 큐    |
| S                  | QUESTION  | )F THESE                                  | ANSWER EACH OF THESE QUESTIONS  | 1   | TINFOR                         | OR TRUS                            | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION   | E E               |
|                    | esponse.  | each "Yes" r                              | edule attached for e  | appropriate sche  | and the                        | e answered                         | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response  |                   |
| ĭ<br>⊠             | Yes   | \$5,000 from                              | 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. | VI. Did you receive of a single source in the fir yes, complete and | <b>№</b>                       | ğg<br>M                            | 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.  | abj.<br>Fy        |
| N<br>N             | Yes   | angement                                  | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.                     | V. Did you have any with an outside entity If yes, complete and     | <u>\$</u>                      | Yes                                | 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.  | reginc =          |
| No                 | Yes   | efore the date<br>or two years?           | reportable positions on or before the date t calendar year or in the prior two years?   | IV. Did you hold any of filing in the current if yes, complete and  | No ON                          | 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.   | # <del>de</del> - |
|                    |   |   | is  | EACH OF THESE QUESTION  | OF THES                        |                                    | PRELIMINARY INFORMATION — ANSWER   | P =               |
|                    |   |   |   |   |                                |                                    |  | · [               |
| assessed who files | A \$200 penalty shall be a against any individual was more than 30 days late. | A \$200 pen<br>against any<br>more than 3 | Check if Amendment  | on: TBA   | Date of Election:              | AL<br>01                           | Filer Candidate for the State: AV House of Representatives District: 01 Status New officer or Employing Office:  |                   |
|                    | (Office Use Only)   |   |   |   |                                |                                    |  |                   |
| ZAME.              | U.S. TICUSCO, REPLACATIVEL  | 0.8.110.80                                | ,   | Daytime Telephone.  | Daytime                        | :                                  | Name: UESSICA SUE JAMES  | z                 |
| Page 1 of 2        | Page 1. LECSLATIVE RESOURCE CENTER 2013 JUL 31 PM 1: 52                       | 7013.III                                  | <b>FORM B</b> For use by candidates and new employees   | <b>FOR</b><br>For use by candidates                                 |                                | ATIVES 2013                        | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - JUV 31, 2013   | ν nc              |

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name UESSICA JAMES

Page 2 of 3

| 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.   |
|  |

| <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), tederal retirement programs, and benefits received under the Social Security Act. | rement programs, and benefits re | eceived under the Social 3 | Security Act.                    |
|---|----------------------------------|----------------------------|----------------------------------|
| Source (include date of receipt for honoraria)  | Type                             | Amount                     | unt                              |
| Comment date of receipt for noticitality  | . 700                            | 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                         | NA                               |
| ALABAMA TECHNOLOGY NETWORK (ATM), BIRMINGHAM, AV  | SALARY                           | \$ 29, 166.67              | *22,901.79                       |
| posters spothes, inc., mosult, Al   | SNO1SSI MMO)                     | <b>\$6,204.87</b>          | \$ 550.82                        |
| BISHOP STATE COMMUNITY COLLEGE, MOBILE, AL  | SALARY                           | N/A                        | t25,568.75                       |
|   |                                  |                            |                                  |
|   |                                  |                            |                                  |
|   |                                  |                            |                                  |
|   |                                  |                            | 10<br>10<br>10<br>10<br>10<br>11 |
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|   |                                  |                            |                                  |
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|   |                                  |                            |                                  |
|   |                                  |                            |                                  |
|   |                                  |                            |                                  |
|   |                                  |                            |                                  |

## SCHEDULE III — LIABILITIES

Name UESSICA JAMES

Page  $\frac{3}{2}$  of  $\frac{3}{2}$ 

4 B S owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 previous calendar year exceeded \$10,000. 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 Example: First Bank of Wilmington, DE DCTT. OF EDUCATION Creditor DEC. 2006 May 1998 Liability Incurred mo/year Date STUDENT LOAN Mortgage on 123 Main Street, Dover, DE Type of Liability \$10,001-\$15,000 Þ \$15,001 \$50,000 × Φ \$50,001--\$100,000 n \$100,001 O \$250,000 250,001 m Amount of Liability \$500,000 \$500,001-\$1,000,000 \$1,000,001 \$5,000,000 Ω \$5,000,001 I \$25,000,000 \$25,000,001 \$50,000,000 \$50,000,000 Spouse/DC Liability over

## SCHEDULE IV — POSITIONS

DEPT. OF EDUCATION

264.2006

STUDENT COAN

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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, director, 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 an nonorary nature. | ature.   |
|---|--|
| Position                                    | Name of Organization                                     |
| VICE CHAIR, BOARD OF DIRECTORS              | VICE CHAIR, BOARD OF DIRECTORS South Alabama CARES, Inc. |
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