UNITED STATES HOUSE OF REPRESENTATIVES			Page 1 of
Period general: January 1,	For use by candidates and new	and new employees JAN 3 1 2012	1 2012
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1 1		U.S. HOUSE OF COMES	U.S. HOUSE OF THE CLERK (Office USE SKY) ENTATIVES
e for the Representatives er or	Date of Ct Election: N/A Ame	Check if  A \$200 penalty shall be against any individual	A \$200 penalty shall be assessed against any individual who files
In all sections, piesee type or print clearly in blue or black ink.			
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	H 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?  Yes, complete and attach Schedule I.	No 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.		Ves No.
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, complete and attach Schedule II.	No With an outside entity?  If yee, complete and at	t or анапдетенt •	¥
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Wyes, complete and attach Schedule III.	No VI. Did you receive con a single source in the ty if yes, complete and a	ore than \$5,000 from VI.	× N □
Each question in this part must be answered and the appropriate sched	ed and the appropriate schedule att	ule attached for each "Yes" response	onse.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS	IST INFORMATION — ANSWER	SWER EACH OF THESE QUESTIONS	ESTIONS
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?	mmittee on Ethics and certain other "excepted teffting you, your spouse, or a dependent child?	usts" need not be	<b>88</b> □ No ⊠
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	nearned" income, transactions, or liabilities of a less you have first consulted with the Committe	dependent child	Yes No X

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

		tunoury	unt
Cource (include date of receipt for norwitality)	-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	<b>\$</b> 3,200
i i	Honorarium	/ 0	\$1,000
	Spouse Salary	Æ.	NA
	Salan malag	- TEREST	7184.88
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mpass Bande	Spouse divector's fee		(400.00)
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Hartford Cenuth	Dopenhei merlein	MFS New Discovery	Mainstay Lapac CAP	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	
***		. ×	*	×	Indefinite	×	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 Over \$50,000,000		ABCDEFGHIJKL	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."
× ×	~~		<b>&gt;</b>	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm In	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 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 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$100,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000		Current Year Preceding Year	Amount of Income  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 "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.

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None	BI OOK	EI OOK A				
None				r C Z Z	BFCC	
None   >	Asset and	d/or Income Source	Valu	e of Asset	Type of Income	Amount of Income
None	S.P.		B C D	Г I H Б		Current Year
None   S1 - S1,000   S10,001 - S10,001 - S10,001 - S250   S250,001 - S10,001 - S250   S250,001 - S10,000,001 - S250   S250,000,001 - S250   S250,001 - S15,000   S250 - S1,000   S1,001 - S15,000   S2501 - S1	JT,		00	0,000 00,000 00,000 000,000 5,000,000	ND TRUST	=
DOCTOPPREMINE X  METHODISTAN X  THEORIGINAL X  LOCAL GOLD X  TO COME  X  X  X  X  X  X  X  X  X  X  X  X  X	DC		\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000	\$100,001 - \$250,00 \$250,001 - \$500,00 \$500,001 - \$1,000, \$1,000,001 - \$5,00 \$5,000,001 - \$25,00	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND Other Type of Incom	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000
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## SCHEDULE III — LIABILITIES

Name Marc Veasex

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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 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 sib-

## **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 of an honorary nature

and positions solety or air northiary nature.	CIUIC.
Position	Name of Organization
State Representative	Tuxas Howy of Representative.
Realator	Viraina Cook realitors, FW Texas
lealdtor	The wood mont Company, FW Texcas

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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.

			Vested 3	Date
			myself & State of Twee	Parties To
		amount at age 60 or 50	honthing benefits of an undermined	Terms of Agreement

## 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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services