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INITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - APRIC 28, 2013	FORM B For use by candidates and new employees	APR 3 0 2013	Page 1 of 5
Name:   AMF   AB   SAWB  SameN	Davtime Telephone	2013 MAY -8 AM 10: 49	D: 49
		U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	TATIVES
the State: TEMA	Date of MOV, 4, 2014 Check if Amendment	A \$200 penalty shall be assessed against anybody who files more	ssessed es more
Status New officer or Employing Office:		than 30 days late.	
In all sections, please type or print clearly in black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS		
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	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.	efore the date r two years? Yes	N <sub>0</sub>
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 No If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	angement Yes	No X
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.	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.	55,000 from Yes	No
Each question in this part must be answered and the appropriate sched		ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- AN	SWER EACH OF THESE QUESTIONS	Ø
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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? (See Instructions, page 8.)	ndards of Official Conduct and certain other "e tting you, your spouse, or a dependent child? (	xcepted trusts" See Instructions, Yes	No X
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" incombecause they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Standards of Official	pendent child Is of Official Yes	No X

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JAMES HART

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өхсе	more	List t	
exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; lis	List the source, type and amount of earned income from any source (other than the filer's current emplo	
\$1,000	the p	rce, ty	
. See	recec	/pe ar	
exam	ling c:	id am	
ples t	alenda	ount	
elow.	ır yea	of earn	
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	list only the source for other spouse earned incor	oyment by the U.S. Government) totalling \$200 or	
	ed inc	g \$20	
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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	Course (include data of receipt for honoraria)		Type	2013 Amount	unt 20/2
	Comics (include han or receipt for including)		.,	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, Texas		Salary	\$6,300	\$28,450
Evernoles:	First Bank & Trust, Houston, Texas		Director's Fee	\$400	\$3,200
Lyanijoroo.	XYZ Trade Association, Chicago, IL. (Rec'd December 2)		Honorarium	0	\$1,000
	Harris County, Texas Public Schools	-	Spouse Salary	NA	NA
	-			NONE	NONE
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BLOCK B  Walue of Asset  Value of Asset  Yaluation method of asset at close  reporting year, if you use a stinounce, please specify the  stinounce, the value, please specify the  stinounce, the value, please specify the  stinounce, the value, please specify the  stinounce, the value asset was sold during the  stinounce, the value should be  stinounce, the value should be  stinounce, the value asset was sold during the  stinounce, the value should be  stinounce, the value asset was sold during the  stinounce, the value should be  stinounce, the value asset was sold during the  stinounce, the value, please specify the  for all other assets including all  included  the plant to the assets including all  for all other assets was sold during the  stinounce, the value, please specify the  stinounce and is included  the plant that apply for  retirement plants or accounts that  do nor allow you to columns that apply for  retirement plants or accounts that  for all other assets was sold during the  stonuched the abrophorate be  stinounced the appropriate beautified assets including all  for all other assets was sold during the  stonuched the appropriate beautified assets including all  for all other assets was sold during the self-stonuched  asset do not allow you to columns that apply for  retirement plants or accounts that  for all other assets was sold during the self-stonuched  to horder than tair  for all other assets including all  for all other assets methods you to comment to the self-stonuched  asset do not allow you to channel the appropriate to the self-stonuched  to here than tair  for all other assets and interest.  All of the plants are the self-stonuched  to here than tair  f	MARKAY KY CHECK ACT	NER		Examples:	SP, SP Mega Corp. Stock		the specific investments), provide the value and income information on <b>each asset</b> in the account that exceeds the reporting threshold.	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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
None		×	×			\$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 Over \$50,000,000	BCDEFGHIJK	close e a an fair ify the g the ded
None		SHIP OF			× -	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income	orne)	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
		X		×		\$1 - \$200		Amount Amount For retirement plans allow you to choose s may write "NA" for assets, including all gory of income by c box below. Dividend reinvested, should Check "None" if no generated.

#### SCHEDULE III — LIABILITIES

Name JAMES HART

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amount 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; 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

SP, Creditor Type of Liability  C E G I  DC,  First Bank of Wilmington, Delaware Mortgage on 123 Main Street, Dover, Del.  **Sp. 000,000  **S		 	 		_	· · · · · · · · · · · · · · · · · · ·	
Creditor   Type of Liability   C   E   G						JT,	2
\$15,001— \$50,000 C \$100,001— m \$250,000 G \$1,000,000 G	•			JNONE	Example: First Bank of Wilmington, Delaware		
\$50,000 C \$100,001— m \$250,000 m \$500,001— s1,000,000 G \$1,000,000 —						Type of Liability	
\$500,001— \$1,000,000 G \$5,000,001— \$25,000,000 —						\$15,001— \$50,000	C
\$5,000,001— \$1,000,000 G \$5,000,001— \$25,000,000 —					×	\$100,001— \$250.000	6. 3. m ≥
\$5,000,001— \$25,000,000 —	•						nount of
\$5,000,001— \$25,000,000 —				( * · · * :		\$500,001— \$1,000,000	G
Over						\$5,000,001— \$25,000,000	- V
Over							
\$50,000,000			·			Over \$50,000,000	~

#### SCHEDULE IV - POSITIONS

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 offiprise, 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);

Position Position	Name of Organization
J/VON/E	

### SCHEDULE V — AGREEMENTS

NAMES HART

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nent; a leave of absence during the period of government or continuing participation in an employee welfare or ben-
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			•		Terms of Agreement
					greement

# 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.

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