	Yes No 🗸	buse or dependent child the Committee on Ethics.	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.	ets, "unearned" inco Do not answer "yes	n this report any other ass nree tests for exemption?		Exemptions	Exemp	
	Yes 🗌 No 🗹	d trusts" need not be dent child?	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?	ed by the Committed tails of such a trust	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your s	Details regarding "Qual disclosed. Have you ex	ĩ	Trusts-	
	SNC	R EACH OF THESE QUESTIONS	TION - ANSWER EACH OF	ST INFORMA	NDENT, OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	O NO	XCLUS	Ш
		hed for each "Yes" response.	schedule attached for each '			If yes, complete and attach Schedule V.	omplete a	If yes, c	
	the appropriate	in this part must be answered and the appropriate	Each question in this part m	Yes □ No <		Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	your spous an \$10,000)		-<
		ıle IX.	ff yes, complete and attach Schedule IX			If yes, complete and attach Schedule IV.	omplete a	if yes, c	
	Yes No	or arrangement with an outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	Ą	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	your spout e asset in a		₹.
		Je VIII.	If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	omplete a	If yes, c	
	he Yes ✓ No	n or before the date of filing in	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No 🗆		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?	your spous n \$200 in t n \$1.000 at		Ē
		ıle VII.	If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	omplete a	If yes, c	
	y or 5 Yes ✔ No	nild receive any reportable traw ng period (worth more than \$3:	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	lieu of paying	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?	ndividual o speech, al		F
		ıle VI.	If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	omplete a	If yes, c	
	Yes V No	nild receive any reportable gift ore than \$335 and not otherwis	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes No V		Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	or your spo from any se	Did you o	,
			JESTIONS	OF THESE Q	- ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION -	NARY	RELIM	اہ ا
	more than 30 days late.	mor late	Termination Date: on	☐ Termination	☐ Amendment	Annual (May 15)		Report Type	
	be assessed against	be	Employee		District: 03	House of Hepresentatives		Status	
E _G	A \$200 penalty shall		Officer Or Employing Office:	ō 🗆 🖳	State: TX	Member of the U.S.	₹	Filer	
He	Office Use Only)		(Daytime Telephone)		(Full Name)	(Fu			
	2011 MAY 12 PM 3: 02		202-225-4201		Samuel Robert Johnson	Samuel Ro			
ening Year :	SELLI ATME RESOURCE CLAIL	·							
Ũ	HAND DELIVERED		FORM A Page 1 of 5 For use by Members, officers, and employees	ATIVES)F REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	D ST/	JNITEI SALEND/	
							-	-	1

ASSet a lidentify (a) each a fair market value and (b) any other generated more to provide complete symbols.) For all IRAs and asset held in the retirement account of the institution reporting period. For an ownership publically traded activities, and its Exclude: Your period to the vacation homes (C)	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 "unearmed" 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 exect self-directed, 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 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 publically 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 (unless there was rental income during the reporting Congressional Federal Credit	PEACK B Year-End 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 and is included only because it is generated income, the value should be "None."	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.	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.
Exclude: Your vacation homes	personal residence, including second homes and second homes there was rental income during the reporting			
	Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200
	Franklin Gold	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500
	Legacy Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200
	Texas A&M Press	Indefinite	Royalties	\$201 - \$1,000

SCHEDULE VI - GIFTS

Name Samuel Robert Johnson

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. 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 relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

\$52,723	Personal flight to/from Rochester, MN (determination on personal friendship received from Committee on Standards)	Mr. Ross Perot, The Perot Companies, Dallas, Tx
Value	Description	Source

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Samuel Robert Johnson

Page 4 of 5

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

None	Z	Υ	~	DC-Charlottesville, VA-DC	January 14 - 15	The Heritage Foundation
Days not at sponsor's expense	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE VIII - POSITIONS

Name Samuel Robert Johnson

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educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any

Board of Regents Smithsonian Institution, Washington, DC Board Member Institute in Basic Life Principles, Oak Brook, IL	Position	Name of Organization
	Board of Regents	Smithsonian Institution, Washington, DC
	Board Member	Institute in Basic Life Principles, Oak Brook, IL