Yes No	[sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	f income, trans	EXEMPTION —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.
Yes No Z		d certain other "excepted trusts" need not be disclosed. Have you	∍ on Ethics and dependent chil	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH O	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
red and the s" response.	must be answei	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. 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 V.
Yes No Z		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	ON	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	N _o	III. 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 III.
Yes No Z	sceive any he reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No No	II. 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? If yes, complete and attach Schedule II.
Yes No Z	rò	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No _N	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.
		EACH OF THESE QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty sagainst anyone w	the Employing Office: Termination Date:	Employee	Status Member of the U.S. State: Market Member of the U.S. State: Market Member of Representatives District: 1972 Report Type Annual (May 15, 2012) Amendment
SEADMINES	U.S. HOUSE OF REPRESENTATIVES			
JRCE CENTER	LEGISLATIVE RESOURCE CENTER 2013 JAN -2 PH 1: 01	Daytime Telephone:	Daytime 1	Name: Suellen Wilkins Myrick
LIVERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT

Name	
Pageof	
of	

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2011 Aug. 13, 2011	\$2,000 \$500
land roman's bethe calified	in borond	Dac 9 2012	155000
and aroling Brent Friend	 ~ 1		

119	3	4	٦	р, <u>«</u>	2	Pleo phincs	macon the plant of
Musicipal Mutual Funo	Short ONEATION IN	FRIMARD JANES		Examples: Simon & Schuster	- 1	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 publicly 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 (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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.	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 which generated more than \$200 in "unearned" 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 specific investments), provide the value for each seat theld in the specific investments), provide the value for each seat the day in the specific investments), provide the value for each seat the day in the specific investments), provide the value for each seat the day in the provide only becau generated income, the value shou "None."
×	X	×	×	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 \$500,001 - \$1,000,000 \$500,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	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."
*	×	×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 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 IRAs), you may check the "Tax-Deferred" 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 <	BLOCK D Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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.
postia	Sporter	Spati			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 8 SP ≒ well gang Dr. 906 Asset and/or Income Source BLOCK A None Φ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Е \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Name Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None XX Amount of Income \$1 - \$200 \$201 - \$1,000 < BLOCK D \$1,001 - \$2,500 < \$2,501 - \$5,000 XI VII VIII X \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E поъ 2

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SCHEDULE V— LIABILITIES

Name Page ____ of ___

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 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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences. charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report

	JT		4	37	50	į	SP, DC, JT	
	heell		Supract	bulla	hotelan	Example:		
O	JT Wells Josso		et '	bulla Jamo	hortherstern hatal fife him.	First Bank of Wilmington, DE	Creditor	
	nov'll Come	0 0	Ouls 'or	100' "	Suse Of down	May 1998	Liability Incurred Mo/Year	Data
10	Home Court Loss	materia 8437 Octo 1	South of the	Mostage 432 Double Capter Lac	down	Mortgage on 123 Main St., Dover, DE	Type of Liability	
		L		C			\$10,001- \$15,000	
						<u> </u>	\$15,001- \$50,000	
		X		X		×	\$100,000 \$100,001 \$250,000	Ąŗ
							\$250,000 \$250,001- \$500,000	nount
							\$500,001- \$1,000,000	Amount of Liability
							\$1,000,001- \$5,000,000	ility
							\$5,000,001- \$25,000,000	
							\$25,000,001- \$50,000,000	
							\$50,000,000	

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule 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 \$140 or less need not be added towards the \$350 disclosure threshold.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
3		

SCHEDULE VIII—POSITIONS	
Name	
Page of	

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

		Bould alvisor	Boul of Dieston	Basel of allins	Position	
		No little Reserve Mission	Boul of Director Brain + Bolovier Research Joseph Toursdation	Citizen Delena Fund	Name of Organization	

SCHEDULE IX—AGREEMENTS

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. 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

,		
Date	Parties To	Terms of Agreement