No S	Yes 🔲	ependent child	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.	"unearned" income, transactions, or liabili- unless you have first consulted with the C	arned" incomess you have fi	er assets, "une swer "yes" unles	his report any oth ption? Do not an	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	EXEMPTION—Ha
<u>8</u>	Yes 🔲	ot be	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?	cs and certain other spouse, or a deper	nittee on Ethic ting you, your	ed by the Comm	nd Trusts" approve	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Details disclosed. Have yo
S	QUESTION	OF THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	MATION — A	TINFOR	OR TRUS	EPENDENT,	OF SPOUSE, DI	XCLUSION
	esponse.	each "Yes" r	nedule attached for each "Yes" response	ppropriate sch	and the a	e answerec	s part must b	Each question in this part must be answered and the appropriate sched	E.
N ₀	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 compensation of r a single source in the two prior years? If yes, complete and attach Schedul	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Yes	have any report- orting period?	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.	III. Did you, your spoable liability (more that the second tha
Š	Yes	rrangement	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 re with an outside entity? If yes, complete and		Yes S	eceive "unearned" od or hold any end of the period?	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.	II. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 of the yes, complete and attach Schedule II.
No U	Yes 📝	before the date or two years?	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.	IV. Did you hold am of filing in the currer If yes, complete an	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Seg.	e (e.g., salaries or porting period?	 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. 	l. Did you or your sp fees) of \$200 or more if yes, complete and
			NS	EACH OF THESE QUESTIONS	OF THES	ER EACH	N — ANSWER	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW.	RELIMINAR
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 per against an more than 3	Check if Amendment	n: 11-6-12	Date of G	Office:	State: 76% Pes District:	Candidate for the House of Representatives New officer or employee	Filer Status
A PATIVE V	U.S. HUJSE OF REPRESENTATIVE (Office Use Only)	U.S. HÖ							
2:42	2012 JUL 16 PH12: 42	2012	***	Daytime Telephone: 🗻	Daytime		Š.	on D. MONK	Name: ピスロール
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BLE	STM	E PO	FORM B dates and new employees	FORM For use by candidates a		TATIVES	REPRESENT ATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - コルインラーマー	UNITÉD STATE FINANCIAL I
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name ELDON D. MONK

Page 2 of 6

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.

Source (include date of receipt for honoraria)	Туре	Current Year to Filling	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6.300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
4.5. HEALTHIDDRKS	SALARY	34,500	21,525
LONG STAR MIGO STAFF	INDAGEND. COURACTOR		23,633
INDISO MOTER CARS	Spon 36'> SHARY	NIA	NIA
			,
			÷

Asset and/or Income Source BLOCK A

more than \$200 in "unearned" income during the year. 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

(do not use ticker symbols). Provide complete names of stocks and mutual funds

in the account that exceeds the reporting thresholds cific investments), provide the value for each asset held plans) that are self-directed (i.e., plans in which you account and its value at the end of the reporting period. For all IRAs and other retirement plans (such as 401(k) provide only the name of the institution holding the For retirement accounts which are not self-directed have the power, *even if not exercised*, to select the spe-

provide a complete address. For rental or other real property held for investment

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location in Block A. that is not publicly traded, state the name of the busi-ness, the nature of its activities, and its geographic For an ownership interest in a privately-held business

the Thritt Savings Plan. income during the reporting period); any deposits total-ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including Exclude: Your personal residence, including second homes and vacation homes (unless there was renta

the optional column on the far left. income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in If you so choose, you may indicate that an asset or None

please refer to the instruction booklet For a detailed discussion of Schedule II requirements

\$1 - \$1,000

\$1,001 - \$15,000 \$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

ş

Mega Corp. Stock Simon & Schuster

Indefinite

×

DC, Examples

Value of Asset BLOCK B

of reporting year. If you use a method used market value, please specify the valuation method other than fair Indicate value of asset at close

income, the value should be only because it generated reporting year and is included If an asset was sold during the Yone "

> asset generated no income during as income. Check "None" if the if reinvested, must be disclosed

the reporting period

Type of Income

BLOCK C

interest, and capital gains, even plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**, ments or that generate allow you to choose specific investdeferred income (such as 401(k) Check all columns that apply. retirement accounts that do ta×-

BLOCK D

Amount of Income

and capital gains, even if reinvested, must appropriate box below. Dividends, interest, be disclosed as income. Check "None" if no the category of income by checking the For assets for which you checked "Tax-Deferred" in Block C, you may check the income was earned or generated "None" column. For all other assets, indicate you may check the

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							<u> </u>		\$500,001 - \$1,000,000		I
						L	<u> </u>		\$1,000,001 - \$5,000,000		
									\$5,000,001 - \$25,000,000		ے
									\$25,000,001 - \$50,000,000		
									Over \$50,000,000		-
								×	NONE		
									DIVIDENDS		
						×			RENT		
									INTEREST		
			*	*					CAPITAL GAINS		
									EXCEPTED/BLIND TRUST	,	
	×	×			*				TAX-DEFERRED		
FREN							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)	
ス	×	×	メ						None	_	
	·			×					\$1 - \$200	=	
					*				\$201 \$1,000	· =	_
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									\$1 - \$200	=	
				×	*			×	\$201 - \$1,000	Ξ	ס
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BELLER / HONES - STOCK

1st Bank of Paducah, KY accounts

	Name ぐんか
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			•		T. Ross Blice 2020 Fund	spread Gab-ETF	LINN GOODSY - STOCK	Know Magn- Spock	CHASE GANK-Accis		Asset and/or Income Source	, BLOCK A
					*	*	×	*	×	None > \$1 - \$1,000		<u> </u>
										\$100,001 - \$250,000	Value of Asset	BLOCK B
									X	Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	Type of income	BLOCK C
,					*	×	*	×		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ncome	ς O
			-		7"	×	*	×	*	None	Amount o	вго
					×	×	*	*	*	None	Amount of Income	BLOCK D
										\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×		

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SCHEDULE III — LIABILITIES

Name ELDON D. Moux

Page Sot 6

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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

47	,	37		SP, DC, JT
BANK OF THE WEST	JOHN DOBLES CREDIT	CANTAL FARM CREDIT	Example: First Bank of Wilmington, DE	Creditor
5/93	109	2/09	May 1998	Date Liability Incurred mo/year
LAN ON RV	CON as THETOLY THE	2/09 LEN ON FARM	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000 >
*	×	×		\$50,000 B
			×	\$100,000
				\$250,000
	•			\$500,001— \$1,000,000
				\$5,000,001—
				\$25,000,000
']			\$25,000,001 \$50,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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-

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 a political party or campaign organization);

	EMPLOYER E	EMPLOYER	Position
	BARRY G. WILLINS, M.D.; NEW CANETY, TX	4. S. HEALTHOORKS; Houston, TX	Name of Organization

SCHEDULE V -- AGREEMENTS

Name ELDON D. NOW

Page 6 of 6

•				Date	Identify the date service; continu efit plan mainta
	•	101	AT /A	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with a service; continuation or deferral of payments by a former or current employer other that effit plan maintained by a former employer.
				Terms of Agreement	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.

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.

Course (Name and Address)	Brief Description of Duties
Riversia. Don Joseph Chambers Company	Annualization
James M. Sauce	TE ALLOW MOTHER SUCCE LE MYS MEST
TONG SIME MON A INVE	Contractor Inchange and the second State of

GPO: 2012

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