⊗ No	nild Yes	ependent ct	ies of a spouse or de ommittee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or unless you have first consulted with the Committee on Ethics	arned" income s you have fir:	r assets, "une. ver "yes" unles	ກ this report any oth emption? Do not ans	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.	EXEMPTION because they
₹	Yes	ot be	epted trusts" need not child?	s and certain other "exc spouse, or a dependen	nittee on Ethica	by the Comn a trust benefi	Blind Trusts" approve report details of such	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?	TRUSTS - De disclosed. Hav
S	SWER EACH OF THESE QUESTIONS	OF THES	WER EACH O	– AN:	T INFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	es" response.	each "Ye	ule attached for each "Yes" response	ppropriate schedu	and the a	answerec	this part must b	Each question in this part must be answered and the appropriate sched	
No M	Yes 🗌	\$5,000 from	npensation of more than νο prior years? ttach Schedule VI.	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.		Yes	ilid have any report- reporting 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, you able liability (mo If yes, complet
⊗	Yes	rrangement	portable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _o	Yes	Ild receive "unearned" eriod or hold any the 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, you income of more reportable asse if yes, complet
N _o	ate Yes	before the da	portable positions on or before the date slendar year or in the prior two years?	IV. Did you hold any report of filing in the current call if yes, complete and att	₹	Yes	ome (e.g., salaries or e reporting 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.	i. Did you or yo tees) of \$200 o If yes, complet
				ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	1 8	PRELIMINARY INFORMATION — ANSW	PRELIMIN
	illore than 30 days late.					Office:	Employing Office:	employee	
who files		A \$200 against	Check if Amendment	11/04/2012	Date of Election:	37.0	State: District:	Candidate for the House of Representatives New officer or	Filer Status
5	(Office Use Only)						Š		
>		212.000		Daytime Telephone:	Daytime		nn Long	Christopher John Long	Name: (
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2				2012	1 - October 5	Period covered: January 1, 2011	Period cov
Page 1 of 4	DCT 0 6 2012		M B and new employees	FORM B		TIVES	F REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES	FINANCIA

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Christopher John 2000

Page 2 100

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

Exclude: Military pay (such as National Guard or Heserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	eceived under the Social a	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation Houston TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$ 400	\$3,200
Examples: XYZ Trade Association. Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
City of Reynoldsburg (OH)	Salary	0250	7500
c			2010 - 1500
Ohio Onemployment Compensation	いつというしょうとうす	1805	14994
			2510 - 16686
medical Michigal of Obic	COMMISSION	1750	2339
Evaluations, Inc.	لموں یو کھ اما ہا	τ A	2 P
Reynoldshung City School District	Spouse Salary	こ シ	T P
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Page 3_of 4

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	FIGHT TOWN	Exaluations Inc. Stock	Fifth Third Sovings	S. de lity Rote IRA	Fidelity 401K		Examples:	SP Mega Corp. Stock	account and its value at the end of the reporting period. 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 publicly tracked, 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 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 Thirtt 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 II requirements, please refer to the instruction booklet.	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). (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 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, now the name of the institution holding the	Asset and/or Income Source
	×			×	×	Γ			None >	4568 ± 8587	
					-	_	_		\$1 - \$1,000 @	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."	
<u> </u>	-	ļ	<u> </u>	_	ļ	4-	Indefinite	Ш	\$1,001 - \$15,000 O	e	
		×	ļ	ļ	 	}	1		\$15,001 - \$50,000	valling ling ling ling ling ling ling ling	BLOCK B Value of Asset
					 	↓	ē	×	\$50,001 - \$100,000 m	ye. vas	
		 	-	┼─		<u> </u> ×	!	-	\$100,001 – \$250,000	of and like	BLOCK B
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X	$\overline{\mathbf{x}}$		_		 	_	1	×	NONE	4002F 770200	_
				1		1			DIVIDENDS	Check all columns retirement accounts allow you to choose ments or that colements or IRAs), you "Tax-Deferred" columnets, and capital if reirvested, must as income. Check asset generated no the reporting period	
						×			RENT		_
						Ι			INTEREST		₹'
		<u> </u>							CAPITAL GAINS	all column account account account to choose or that a income IRAs), yo ferred cat, and car ested, mue. Che enerated orting perior pring perior account accoun	9 2
				<u> </u>					EXCEPTED/BLIND TRUST	muse (e of Inc
]	~	×		1		TAX-DEFERRED	d. the	0 0
							Royaties		Other Type of Income (Specify: e.g., Partnership Income or Farm 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 it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Type of Income
X	×	*	<u> </u>						None –		
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		 	↓		<u> </u>	_	!	-	\$201 - \$1,000		
<u> </u>	ļ	_	-	-	 			×	\$1,001 - \$2,500		
	 	<u>.</u>	-	-	-	+×	×	-	\$2,501 - \$5,000 <	For assets Deferred" in "None" colun "None categor appropriate and capital be disclose income was	
	 	+	+	×	<u> </u>	+	+	+-	\$5,001 - \$15,000 \leq \text{n} \text{Y} \\ \$15,001 - \$50,000 \leq \text{S} \\ \$50,001 - \$100,000 \leq \text{S}	ass priate	
	+	+	+		+	+	┼-	+-	\$15,001 - \$50,000 \(\leq\) \(\	ets ite	
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	+	+	+	 		+	+	+-	\$1,000,001 - \$1,000,000 ×	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.	Amount of Income
	 	+	+		-	十	1	-	Over \$5,000,000 ×	which which which which which will be a selected at the contraction of	int of in
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<u> </u>	+	+-	\overline{x}		+	+	;	÷	None – – – – – – – – – – – – – – – – – – –	ene of the byo	ਤੂ ਹੈ
	 	+	+^	+	+	+	+	×	A-A	to the material state of the st	Š
\vdash	\rightarrow	~	+	+	+-	+	-	1	\$1,001 – \$2,500 \(\frac{1}{2}\)	sse sse ch ch ch ch ch	ne
 	+	1	†	1-	+	┪	; >	+	\$201 - \$1,000	you checked "Tax-you may check the you may check the other assets, indicate me by checking the Dividends, interest, n if reinvested, must le. Check "None" if no generated.	
	╁	1	1	1	+	1	Ť	\dagger	\$5,001 - \$15,000 \(\leq\)	region and and and and and and and and and an	
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	-	+	1		1	_	_		\$1,000,001 - \$5,000,000 ×		

SCHEDULE III — LIABILITIES

Name Charstopher John Long Page 4 of 4

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. 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 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.

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 3,8	Croditor	Date Liability		٧	03	C	D E		· c	———)1—	₀ د
۶,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$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	\$5,000,000 \$5,000,001 \$25,000,000	\$25,000,00 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×		H			
27	Bank of America	200 u	Credit raid		×	 						
_	Columbus Metro Fou	Mar 2010	loan on motoreyele		*		-	-	-	-		
સ્ક	Fifth Thurd Bank	71997	creditected		<u> </u>	-	-				 	
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Ø	Us Dept of Ed. Hira Great Lakes Sept. 2009 Student Loan	Sept.2009	Student Loan		\succeq			_	<u> </u>			

SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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);

and positions solely of an honorary nature.	nature.
Position	Name of Organization