In all sections, please type or print clearly in blue or black ink

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | response. | appropriate schedule attached for each "Yes" response. | and the | e answered | Each question in this part must be answered and the appropriate schedu |
|------------------|------------------|--|----------|------------|---|
| N _o | _{Yes} ∭ | 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. | 8 | Yes 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. |
| ^N ∘ ∑ | Yes | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | S S | Yes 🔯 | 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. |
| □ N | Ves 村 | 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. | S □ | Yes 🂢 | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? ff yes, complete and attach Schedule I. |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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. **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? Yes Yes <u>Z</u> <u>Z</u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

NameGABRIELA SAUCEDO HERCER

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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.

| 7 F 3/2 | | | |
|---|---------------------------|------------------------|-----------------|
| (sparsaced and tapeous to otals operated) | Timo | Amount | unt |
| (include date of toolpe of fortionalia) | · jpc | Current Year to Filing | 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 |
| I SOCIECIIX INTERNATIONAL, LILC, CHANDLER, AZ | SALES COLLUSSIONS | \$967. | \$2,617. |
| DELTA, LLC, TUCSON, AZ | Spouse Combulting Fees | \$7.642. | \$50,000. |
| HONEYWELL, INC., HORRISTOWN, N.J. | SPOUSE - PEALSION | \$1,172, | \$2,993. |
| U.S. GOVERHNEUT | SPOUSE SECURITY | \$5,960. | \$19,523, |
| WELLS FARGO BANK, SALTLAKE CITY, UT | HSA DISTRIBUTION | \$354 , | \$ 80 €, |
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| CHERENCY CHIAGO CHIAG | Petro coep of America | SP PETRO CORPOF MLERICA | | Examples: | SP Mega Corp. Stock | 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 personal checking or savings 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 II requirements, please refer to the instruction booklet. | 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. | account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. | 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 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 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, provide only the name of the institution holding the |
|--------------------------|-----------------------|-------------------------|---|-----------|---------------------|---|---|---|--|
| × | × | X | × | | × | 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 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 | | ABCDEFGHIJKL | 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." |
| × | × | * | × | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or | Farm Income | э) | 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 X | X | × | × | × | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 | | Current Year | Amount of Amount of For assets for which Deferred" in Block C, "None" column. For all the category of incon appropriate box below. and capital gains, even be disclosed as incom income was earned or g |
| | | | × | × | × | \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$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 | | Preceding Year | f Income you checked "Taxyou may check the you may check the other assets, indicate he by checking the Dividends, interest, if reinvested, must le. Check "None" if no generated. |

SCHEDULE III — LIABILITIES

Name GABRIELA SAUCEDO MERCER

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

| | 96 | | SP, DC, JT |
|----------|-------------------------|--|--|
| | SALT LAKE CITY, UT | Example: First Bank of Wilmington, DE | Creditor |
| | HAY 2009 | May 1998 | Date Liability Incurred mo/year |
| | LANY 2009 STUDENT LOANS | Mortgage on 123 Main Street, Dover, DE | Type of Liability |
| | | | \$10,001— \$15,000 |
| | × | | \$15,001— \$50,000 D |
| | | | \$50,001— \$100,000 O |
| | | × | \$250,000 D S250,001— |
| <u>.</u> | | | \$500,000 m |
| | : | | \$250,000 m \$250,001 m \$500,000 m \$1,000,000 m \$1,000,001 G \$5,000,000 G |
| | | | \$5,000,001— \$25,000,000 |
| | | | \$25,000,001— |
| | | 1 | \$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);

| and positions solely of an ilonorary flattice. | iauro. |
|--|----------------------|
| Position | Name of Organization |
| MEHBER | DELTA, LCC |
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SCHEDULE V — AGREEMENTS

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Name CABRIELA SAUCEDO MERCER

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|------|------------|-------|--------------------|
| Date | Parties To | Terms | Terms of Agreement |
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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.

| Source (Name and Addr. | 66) | Brief Description of Dutles |
|---|---------------------|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services | |
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GPO: 2012 72-584 (mac)