FINANCIAL DISCLOSURE STATEMENT FORM B	HAND DELIVER	NATA NE
Period covered: January 1, 2010 - DE SCHBER 3, 2011 For use by candidates and new employees	LEGISLIMING PESDUPAR OFFICE	DOE CERTS.
	2012 FEB -8 PHI2: 14	#11:21Hg
Name: MARY JO KILROY Daytime Telephone:	U.S. HOUSE OF REPRECENTATIVES	ELLATATIVES
	(Office Use Only)	
Candidate for the State: 24 Date of Check if House of Representatives District: 25 Election: Amendment		assessed
	more than 30 days late.	#110 mgs
in all sections, please type or print clearly in blue or black ink.		:
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
1. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	wo years? Yes	S S
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? Yes No If yes, complete and attach Schedule V. If yes, complete and attach Schedule II.	igement Yes X	\$
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Wo Yi. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	000 from Yes	§ ⊠
Each question in this part must be answered and the appropriate schedule attached for ea	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EACH OF THESE QUESTIONS	Ś
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?	be Y es	₹
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.	andent child Yes	v _o X

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name MARI TO KICKOY

Page of /2

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	than the filer's current employme amount of any honoraria; list only	ent by the U.S. Governme by the source for other spo	nt) totalling \$200 or use earned income
exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits	ement programs, and benefits re	received under the Social Security Act.	Security Act.
Source (include date of population honoragin)	Time	Amount	unt
Source (include date of receipt for Horiotaria)	1 y pc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
┱	Director's Fee	\$400	\$3,200
XXIII Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
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70	SUPPE WELLES	THE FAIRHOLME FUR	HARBOR BOND TOWN	FUND-METITUTION A CA	IRA-AS FOLLOWS	st Bank	Examples:	SP, Mega Corp. Stock	For rential 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 natura of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second mones and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or tess 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 (ICC) 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 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 ell 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 account and its value at the end of the reporting period.
×	7	X	У.	×	Transer do An	×	Indefinite	X	\$1 - \$1,000	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."
X 	X	X	X	X	ERICA TRIVE 6	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 it reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
X	X	X	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 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1 - \$200 \$21 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$5,000 \$2,501 - \$15,000 \$2,501 - \$5,000 \$31,001 - \$2,500 \$2,501 - \$5,000 \$31,001 - \$2,500 \$31,001 - \$2,500 \$31,001 - \$2,500 \$31,001 - \$2,500 \$31,001 - \$1,000,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,001 - \$5,000 \$31,000 - \$1,000,000 \$31,000 - \$1,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000	Amount of Inco For retirement accounts that d to choose specific investments ate tax-deferred income (such or IRAs), you may check the For all other assets, indicate income by checking the all below. Dividends, interest gains, even if reinvested, closed as income. Check income was earned or genera

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Continuation Sheet (if needed)

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SCHEDULE II — A Continuation Sheet (if needed) BLOCK Asset and/or Inc	EDULE II — ASSETS AND "UNEARNED" INCOME tion Sheet (if needed) BLOCK A BLOCK A BLOCK B Asset and/or Income Source A BLOCK B A BLOCK B		£ ا ا	4 . 🛣			RNEI BLOCK B	EARNED" I	 		z_1 $>$ $>$	7 1 \{		1	7 . !	7 🖁 📗	-1 & m I	1 = = 1	9 K	BLOCK C Type of Income		Name /	Name //	Name //	Name //	Name MARY	Name MARY	Name MARY JO	Name MARY JO	Name MARY JO	Name MARY JO	Name MARY JO	Name MARY Jo	Name MARY Jo	Name MARY TO KA	Name MARY Jo	Name MARY TO KURY BLOCK D Amount of Income	Name MAKY TO KUKAY BLOCK D Amount of Income	Name MAKY To	Name MAKY TO KUKAY BLOCK D Amount of Income	Name MAKY TO KUKAY BLOCK D Amount of Income	Name MAKY TO KUKAY BLOCK D Amount of Income
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SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	1 E	Name LAARY TO KICKOY Page
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
A P	ABCDEFGHIJKL		Current Year Preceding Year
Q.	0		x purphata a farturtu tu tu ka ka purphata a farturtu u
JT, DC	000 0,000 0,000 0,000 000,000 5,000,000 25,000,00	S IND TRUS	00 000 00,000 000,000
	None \$1 - \$1,000 \$1,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100 \$100,001 - \$25 \$250,001 - \$1,6 \$1,000,001 - \$1,6 \$5,000,001 - \$2 \$25,000,001 - \$2 \$25,000,001 - \$2 \$25,000,001 - \$2	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN: EXCEPTED/BL Other Type of Ir (Specify: e.g., Par or Farm Income)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,0 \$100,001 - \$1,00 \$1,000,001 - \$5,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000 \$50,001 - \$1,000 \$1,000 - \$5,000 \$1,000 - \$5,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$1,000 - \$1,000 \$2,500 - \$1,000
FIRST ARBHOWAL	×	X	X
BAN CORP	×		X
IMPERIAL CAPITAL BANCORP STOCK	×	×	*
A	*	×	X
STACK + MONNIEM	X	X	X
MEDTRONK INC	X	X	×
DEDSICO INC	×	×	X
PASSTOCK + GAMBLE	>	X	× ×
SILVER STATE	<i>X</i>	X	X
ABBOTT CABS	X	×	×
CRESCENT FUNDAMARK CORD STOCK	Y	*	X
exxormodic space	X	×	×
NOVARIS AG	X	×	×
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SCHEDULE III - LIABILITIES

Name MARY TO KILROY

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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 furniture, 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. 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

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	PNC BANK	SP FIFTH THIRD BANK	Example: First Bank of Wilmington, DE	Creditor
	1/06/4	1/2014	May 1998	Date Liability Incurred mo/year
	BUSINESS LINE of CREDIT	2/2011 BUSINES LINE OF CREDIT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
	 	 		\$15,001— tp
				\$50,001— \$100,000
 			×	\$100,001— D Amount 9 \$250,000 m
	 X	<u> </u>	_	\$500.001—
_				\$1,000,000
	 			\$5,000,000 * / \$5,000,001— ± \$25,000,000 ±
				\$25,000,001— \$50,000,000
				Over \$50,000,000

SCHEDULE IV — POSITIONS

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

the state of the s	
Position	Name of Organization
BOARD LIENIBER	RIVER NETWORK

SCHEDULE V - AGREEMENTS

Name MARY TO KICKOY

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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.

Date	Parties To	Terms of Agreement
4006/11	RETIREMENT SYSTEM	PENSION AGREEMENT
12/2008	Renkement Shiew	PENSON ABBETHERS

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 Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	