	yes No	ne, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	sets, "unearned" incom Do not answer "yes" (Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or lia because they meet all three tests for exemption? Do not answer "yes" unless you have first	-
	Yes No 🗸	on Ethics and certain other "excepted trusts" need not be enefiting you, your spouse, or dependent child?	ed by the Committee cetails of such a trust by	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	-
	Yes 🗌 No 🗹	ublic Offering?	as a part of an Initial P	—Od you purchase any shares that were allocated as a part of an Initial Public Offering?	
•	QUESTIONS	INFORMATION ANSWER EACH OF THESE QUESTIONS	OR TRUST INF	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	ı '
	nd the appropriate	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes 🕢 No 🗌		
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV. Did you your spouse, or a dependent child have any reportable liability	_
	Yes No 🗸	Did you have any reportable agreement or arrangement with an outside entity?	Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	
	Yes No	If yes, complete and attach Schedule VIII.	Yes V No	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	
		Did you hold any reportable positions on or before the date of filing in the	; 		-
	7350 Yes 🗹 No 🗌	reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes No 🗸 VII.	II. you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	_
	rise Yes No 🗸	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)?	Yes 🗸 No 🗌 VI.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	
- '		QUESTIONS	OF THESE QUE	_	ı — '
	more than 30 days	Termination Date:	☐ Termination	Report Type Annual (May 15) Amendment	
	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee be	Em Offi	Filer Member of the U.S. State: TX House of Representatives District: 06	
-	ुः (Office Use Only)	(Daytime Telephone) 以介语员员 0字音		(Full Name)	_
MC		2013 14.4 1		Joe Linus Barton	
<u> </u>	loyees VE RESOURCE CONTE	FORM A Page 1 of 6 Per use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	
	HAND				

SCHEDULE I - EARNED INCOME

Name Joe Linus Barton

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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) totaling \$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.

Source Type Amount Ennis Regional Medical Center Spouse Salary N/A			
Spouse Salary	Source	Туре	Amount
		Spouse Salary	N/A

SCHEDULE IV - TRANSACTIONS

Name Joe Linus Barton Page 4 of 6

is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset

 This column is for assets solely held by your spouse or dependent child. Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

	SP, DC,
Rental Property	Asset
S	Type of Transaction
Yes	Capital Gain in Excess of \$2007
12-13-12	Date
\$100,001 - \$250,000	Amount of Transaction

SCHEDULE V - LIABILITIES

Name Joe Linus Barton

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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 preceding calendar year exceeded \$10,000. *This column is owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; 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 for liabilities held solely by your spouse or dependent child.

2012	
אַ	Revolving Credit
December Re 2011	Revolving Credit
Date Liability Incurred	Type of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joe Linus Barton

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spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Alliance for Health Reform Heritage FoundationJanuary 20-22DC-Ft. Lauderdale-DFWYYYNoneHeritage FoundationJanuary 25-27DC-PhiladelphiaYYNNonePetroleum StrategiesApril 2-3DFW-Midland-DFWYNNNone2nd Amendment FoundationSeptember 28-30DFW-Orlando-DFWYYYY	Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
tion January DC-Philadelphia Y Y N gies April 2-3 DFW-Midland-DFW Y N N September 28-30 PFW-Orlando-DFW Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		January 20-22	DC-Ft. Lauderdale-DFW	۲	Υ	Υ	None
gies April 2-3 DFW-Midland-DFW Y N N September DFW-Orlando-DFW Y Y Y 28-30	Heritage Foundation	January 25-27	DC-Philadelphia	~	~	Z	None
September DFW-Orlando-DFW Y Y Y 28-30	Petroleum Strategies	April 2-3	DFW-Midland-DFW	~	Z	Z	None
	2nd Amendment Foundation	September 28-30	DFW-Orlando-DFW	~	~	~	None