Page	
1 00	
V	١

N ₀	Yes	pendent child	ties of a spouse or dependent child ommittee on Ethics.	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	arned" income, ss you have first	her assets, "une ารwer "yes" unle	this report any ot	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	EMPTION—H ause they mee
8 ⊠	Yes 🔲	ot be	pted trusts" need no	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?	nittee on Ethics ting you, your s	ed by the Comn	nd Trusts" approv	regarding "Qualified Bli ou excluded from this re	USTS—Details closed. Have yo
Ø	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS	1	T INFORM	, OR TRUS	EPENDENI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	CLUSION
	esponse.	each "Yes" r	ule attached for each "Yes" response	propriate schedul	and the ap	oe answerec	is part must	Each question in this part must be answered and the appropriate sched	ŭ
N _O	Yes	\$5,000 from	ompensation of more than \$ two prior years? attach 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.	S C	Yes 🖄	have any report- porting 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.	Did you, your spond inability (more the second the seco
\ ⊠	Yes	angement	table agreement or arrich Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	Yes	receive "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.	Did you, your spo ome of more than ortable asset wor es, complete and
No X	Yes 🔲	efore the date or two years?	table positions on or bundar year or in the prior ch Schedule IV.	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.	<u>8</u>	Yes	e (e.g., salaries or porting period?	I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Did you or your sp s) of \$200 or more es, complete and
				ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH		PRELIMINARY INFORMATION — ANSW	ELIMINAR
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	Check if Amendment	Election: Nov. 6, 200	Date of Election:	76 x 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	State: District: Employin	Candidate for the House of Representatives New officer or employee	Filer Status
34 CA	2012 OCT 31 AM II: 34 OFFICE SEPRESENTATIVES (Office Use Only)	2012 OC1		Daytime Telephone	Daytime 1		Hellist	Seth Jowel Hollist	Name: <i>∑c</i> 1
Page 1 of 2	Page 1 CT 22 2012 SIGN ATIVE RESOURCE CLANT:		B nd new employees	FORM B For use by candidates and new employees	Fc Fc	Sept 30, 2012	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,201 - 595, 30, 20	NITED STA: NANCIAL I

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Seth Jewel Hollist

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ist 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 hav (such as National Guard or Reserve hav), federal retirement programs, and henefits received under the Social Security Act

Source (include date of receipt for honoraria)	Type	Amount	unt
e e e e e e e e e e e e e e e e e e e		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
7	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Mary Kay Inc.	Solary		90,921.22
Clarity Digital Group, LLC/Examiner, can Honorarius	Honorarium	76.36	22.26
			10 10 10 10 10 10 10 10 10 10 10 10 10 1

Euro Pacific Granty	Prophit shoring tund	templeton Forian A	T. Rovernice Small cap	Brandywine Blue	Visington Huthal A	JT 1st Bank of Paducah, KY accounts	Examples:	SP. SP Mega Corp. Stock	For an ownership interest in a privately-held business, the nature of its activities, and its geographic location in Block A. 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 \$200unts; 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 rental or other real property held for investment, provide a complete address.	critic investiments), provide the value for each assert hero 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.	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 spenare that the such that the select the select the spenare to the select th	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Identify (a) each asset held for investment or production	Asset and/or Income Source	BLOCK A
X	*	X	×	*	X	×	Indefinite	×	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 \$5,000,001 - \$5,000,000 \$05,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		"None."	reporting year and is included only because it generated income the value should be	method used.	of reporting year. If you use a valuation method other than fair market value, please specify the	Indicate value of asset at close	Value of Asset	BLOCK B
 	×	***	×	×	X	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)	the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	retirement accounts that do not allow you to choose specific investments or that generate tax-	Check all columns that apply. For	Type of Income	BLOCK C
X	*	× ×	×	*	X		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1 - \$200 \$1 - \$200 \$201 - \$1,000,000 \$201 - \$1,000,000 \$200 - \$1,000,000 \$200 - \$5,000,000 \$200 - \$5,000,000		Current Year Preceding Year			Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the		Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

15	20	35	2								JT, SP,		
the New Fund	Company of America A	copy and Income	American Fund-A	Clobal Bollomsed	American Fund -A	Copyed Treamed	Copyridd World Growth	The Investment communicat America - A	cap Wo	New World Fund-A		Asset and/or Income Source	BLOCK A
×	X	*	×	X		X	X	×	X	*	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$5,000,000 \$000 \$25,000,001 - \$25,000,000 \$1000,000 \$25,000,000 \$25,000,000	Value of Asset	BLOCK B
X	×	X	×	×	2	**	X	×	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income	BLOCK C
×	×		X				X	X	×.	X	None - \$1 - \$200 = \$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 ★	Amount of Income	BLOCK D
X	×	X	X	X	X	X	X	×	X	X	None	of Income	מא

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SCHEDULE III — LIABILITIES

Name Seth School Hollist Page 5

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. 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 sib-

			77		SP, DC, JT
			Citi Platinum Elect Card 2812 Revolving Charge Ac	Example: First Bank of Wilmington, DE	Creditor
			250t.	May 1998	Date Liability Incurred mo/year
			Revolving Change Account	Mortgage on 123 Main Street, Dover, DE	Type of Liability
		,	X		\$10,001— \$15,000
L					\$15,001— \$50,000
	ļ				\$50,001— \$100,000
<u></u>				×	\$100,001 \$250,000 Amo
					\$250,001— m int of
<u> </u>		 			\$250,000
	-				\$5,000,001—
					\$25,000,000 ±
-				_	\$50,000,000 —
					\$50,000,000

SCHEDULE IV — POSITIONS

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

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.

				α
			Position	and positions solely of an nonorary nature.
		N/A	, Name of Organization	aure.