Yes No 💽	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.	rts, "unserned" inco Do not answer "yes'	Exemptions.— Have you excluded from this report any other assorted the second of the s
osed. Yes No V	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 dependent child?	d by the Committee a trust benefiting y	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No 🗸	Public Offering?	is a part of an Initial	IPO Did you purchase any shares that were allocated as a part of an Initial Public Offering?
QUESTIONS	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	OR TRUST IN	IPO and EXCLUSION OF SPOUSE, DEPENDENT, (
d and the s" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Yes 🕢 No 🗌	V. (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
	If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.
noutside Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes U No 🗹	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
	If yes, complete and attach Schedule VIII.		if yes, complete and attach Schedule III.
filing in the Yes No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes € No	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.
able travel re than \$350 Yes ☐ No ☑.	Did you, your spouse, or a dependent child receive any reportable travel VII. or reimbursements for travel in the reporting period (worth more than \$350 Yes from one source)?	Yes No K	Did any individual or organization make a donation to charity in lieu of II. paying you for a speech, appearance, or article in the reporting period?
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.
able gift in otherwise Yes ☐ No ☑	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🗌 No 🗹	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?
	UESTIONS	OF THESE Q	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
more than 30 days	Termination Date:	☐ Termination	Report
be assessed against	Employee		ω
A \$200 penalty shall	Officer Or Employing Office: U.S.H.3.JSE 0		Filer ✓ Member of the U.S. State: TX
(Office Use Only)	(Daytime Telephone)		(Full Name)
4 PH 4: 32	2013 KAY		Samuel Robert Johnson
TE ROUND TO BUILD TO MANY	1904 P. T.		
DELIVERED	FORM A Page 1 of 4 For use by Members, officers, and employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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 instruction booklet. optional column on the far left. Savings Plan. (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest 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 For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. in, or income derived from, a federal retirement program, including the Thrift Exclude: Your personal residence, including second homes and vacation homes each asset held in the account that exceeds the reporting thresholds. 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 For a detailed discussion of Schedule III requirements, please refer to the location in Block A. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for Provide complete names of stocks and mutual funds (do not use ticker symbols.) "unearned" income during the year. Asset and/or Income Source Union Franklin Gold Congressional Federal Credit Texas A&M Press _egacy Bank **BLOCK A** \$15,000 \$1,001 -\$15,000 \$15,001 -\$1,001 spouse or dependent child. \$50,00C generated income, the value should be "None." the reporting year and is included only because it specify the method used. method other than fair market value, please close of reporting year. II Indefinite held solely by your * This column is for assets If an asset was sold during you use a valuation Indicate value of asset at Value of Asset Year-End Name **BLOCK B** Samuel Robert Johnson Royalties CAPITAL GAINS (such as 401(k) plans or IRAs) you may check the "None" Check all columns that apply INTEREST income during the reporting the asset generated no as income. Check "None" if and capital gains, even if column. Dividends, interest, generate tax-deferred income specific investments or that do not allow you to choose For retirement accounts that reinvested, must be disclosed NTEREST Type of Income **BLOCK C** \$1,001 - \$2,500 \$1 - \$200 \$1 - \$200 by your spouse or dependent or generated. Dividends, interest, and capital \$201 - \$1,000 generated by assets held solely * This column is for income "None" if no income was earned disclosed as income. Check gains, even if reinvested, must be category of income by checking "Tax-Deferred" in Block C, you the appropriate box below. For all other assets, indicate the may check the "None" column. For assets for which you checked Amount of Income BLOCK D in reporting year exceeding \$1,000 exchanges (E) sales (S), or Indicate if asset Transaction had purchases (P), **BLOCK E** Page 2 of 4

SCHEDULE V - LIABILITIES

Name Samuel Robert Johnson

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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 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; 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. held solely by your spouse or dependent child. 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 for liabilities

JT	JT	SP, DC, JT
The Independent Bankers Bank	View Point Bank	Creditor
February 2003	December 2004	Date Liability Incurred
Mortgage on #17 Sierra Blanca Circle, Angel Fire, NM 87710	Mortgage on 7105 Havencrest Drive, Plano, TX 75074	Type of Liability
\$50,001 - \$100,000	\$100,001 - \$250,000	Amount of Liability

SCHEDULE VIII - POSITIONS

Name Samuel Robert Johnson

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representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, honorary nature; and positions listed on Schedule I.

Position Name of Organization Board of Regents Smithsonian Institution, Washington, DC		
Smithsonian Institution, Washington, DC	Position	Organizat
	Board of Regents	