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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For use by candidates and new employees

Period covered: January 1, 2011 - 28 FEB 2012

Name: JAMES FREDERICK BRIDENSTINE **Daytime Telephone:**

Filer Status	[X] Candidate for the House of Representatives — State: OKLAHOMA District: ONE — Date of Election: 26 JUN 2012	Check if Amendment [ ]	**A *$200 penalty* shall be assessed against any individual who files more than 30 days late.**
	[ ] New officer or employee — Employing Office:		

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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** [X]	**No** [ ]	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.**	**Yes** [X]	**No** [ ]
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.**	**Yes** [X]	**No** [ ]	V. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule V.**	**Yes** [ ]	**No** [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.**	**Yes** [X]	**No** [ ]	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.**	**Yes** [ ]	**No** [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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

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** [ ]	**No** [X]
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.	**Yes** [ ]	**No** [X]

Name JAMES F. BRIDENSTINE

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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.

	Source (include date of receipt for honoraria)	**Type**	**Amount**	
			Current Year to Filing	**Preceding Year**
Examples:	XYZ Corporation, Houston, TX	Salary	$6,300	$28,450
	First Bank & Trust, Houston, TX	Director's Fee	$400	$3,200
	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
	DELOITTE CONSULTING, LLP	SALARY	Ø	30,022
	WYLE LABORATORIES, INC.	SALARY	Ø	5,863
	DR. ROBERT H. ZOELLNER AND ASSOCIATES	SALARY	9,441	Ø

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name JAMES F. BRIDENSTINE

BLOCK A
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 account and its value at the end of the reporting period.

For rental 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 nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (*unless* 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 III requirements, please refer to the instruction booklet.

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."

BLOCK C
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 if reinvested, must be disclosed as income.** Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

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. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
SP	*Examples:* Mega Corp. Stock					X								X						
	Examples: Simon & Schuster			Indefinite																Royalties
	Examples: 1st Bank of Paducah, KY accounts						X									X				
	ROTH IRA JANUS GLOBAL TECH FUND				X									X						
	401K PRINCIPAL PIMCO TOTAL RETURN			X										X						
	401K PRINCIPAL LARGE CAP S+P 500 INDEX				X									X						
	401K PRINCIPAL SMALL CAP S+P 600 INDEX				X									X						
	401K PRINCIPAL INTERNATIONAL EMERG. MKTS				X									X						
	ROCKET RACING, INC.					X								X						

SP, DC, JT	Asset and/or Income Source	Current Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Preceding Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
SP	*Examples:* Mega Corp. Stock				X										X								
	Examples: Simon & Schuster					X											X						
	Examples: 1st Bank of Paducah, KY accounts					X											X						
	ROTH IRA JANUS GLOBAL TECH FUND	X											X										
	401K PRINCIPAL PIMCO TOTAL RETURN	X											X										
	401K PRINCIPAL LARGE CAP S+P 500 INDEX	X											X										
	401K PRINCIPAL SMALL CAP S+P 600 INDEX	X											X										
	401K PRINCIPAL INTERNATIONAL EMERG. MKTS	X											X										
	ROCKET RACING, INC.	X											X										

For additional assets and unearned income, use next page.

SCHEDULE III — LIABILITIES

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 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	A $10,001—$15,000	B $15,001—$50,000	C $50,001—$100,000	D $100,001—$250,000	E $250,001—$500,000	F $500,001—$1,000,000	G $1,000,001—$5,000,000	H $5,000,001—$25,000,000	I $25,000,001—$50,000,000	J Over $50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
	U.S. DEPT. OF EDUCATION DIRECT LOAN	FEB 2012	GRAD SCHOOL LOAN				X						

Amount of Liability

SCHEDULE IV — POSITIONS

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 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.

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.

Position	Name of Organization
EXECUTIVE DIRECTOR	TULSA AIR AND SPACE MUSEUM
OFFICER	U.S. NAVY RESERVE
EMPLOYEE	WYLE LABORATORIES, INC.
EMPLOYEE	DELOITTE CONSULTING, LLP
EMPLOYEE	DR. ROBERT H. ZOELLNER AND ASSOCIATES

Use additional sheets if more space is required.