UNITED STATES HOUSE OF REPRESENTATIVES	_		D	JUN -	JUN 1 4 2012 Page 1 of ]	10f
Period covered: January 1, 2010. DECEMBEN 24, 2	1902	For use by candidates and	and new employees	TO STATIVE RESOURCE CENTER	LEO BOUROS	<u>5</u>
= 1				2012 JUN 18 PHI2: 05	Pii 12: 00	U1
Name: HUGH (NOMPSON KICE, 1)	Daytime	Daytime Telephone:		No / worke	TO REPRESENTATIVES	ស្លី
		•		Off	(Office Use Only)	
Filer Candidate for the State:SC	Date of Election:	21/9/11	Check if Amendment	A \$200 penalty shall be assessed		Issessed
Status New officer or Employing Office:				more than 30 days late.		***************************************
in all sections, please type or print clearly in blue or black ink.						
PRELIMINARY INFORMATION - ANSWER EACH O	OF THESE	E QUESTIONS				,
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, complete and attach Schedule I.  Yes	<u>8</u>	IV. Did you hold any rep of filing in the current ca if yes, complete and at	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 yee, complete and attach Schedule IV.	efore the date r two years?	Yes X	
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.	<b>₹</b>	V. Did you have any reporta with an outside entity? If yes, complete and attach	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement	<b>68</b>	⊠
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes Complete and attach Schedule III.	<b>8</b> □	VI. Did you receive con a single source in the ty if yes, complete and a	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.	\$5,000 from	§ ☑	Š
Each question in this part must be answered	and the a	and the appropriate schedule		attached for each "Yes" response	sponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	INFOR	MATION ANSW	ÆR	EACH OF THESE QUESTIONS	UESTION	S
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excep disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent of	tee on Ethic g you, your	s and certain other "ex spouse, or a depende	cepted trusts" need not be	of be	Yes	- <b>§</b>  ∐
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Com	ned" income you have fi	ned" income, transactions, or liabilities you have first consulted with the Com	ities of a spouse or dependent child committee on Ethics.	pendent child	Yes 🔲	§ ₽
				١		

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name honpsonker, Itago Zor I

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.

		Amount	unt
Source (include date of receipt for nonorana)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	<b>\$</b> 3,200
Examples. XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
:	SALANY	24.277.6	28,174
RICE COMMERCIAL INC	Spousa SALAM	00000,11	13662
	)		-

RICH PROPERTIES, HC	ME KONTACK IDAGENS	AMERICAN FUNDS MUNDENME	BUTHALOUGH AND CHAPINIA		DC, Examples: Simon & Schuster		For rental or other real property neto 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 that is not publicly traded, state the name of the 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 pintly 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.	account and its value at the end of the reporting period.	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 "unearmed" 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, in the income of the institution bodding the
X	· 7	× ×	×	×		<b>X</b>	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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H I J K L	Value of Asset  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	K 7K	X	×	Royatties		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		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 "Fax-Deferred" 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.
X	× ×	X			×	×	None \$1 - \$200  \$201 - \$1,000  \$1,001 - \$2,500  \$2,501 - \$5,000  \$5,001 - \$15,000  \$15,001 - \$15,000  \$15,001 - \$100,000  \$100,001 - \$1,000,000  \$1,000,001 - \$5,000,000   None  - \$1 - \$200  \$201 - \$1,000  \$1,001 - \$2,500  \$201 - \$1,000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000  \$31,001 - \$2,5000	Current Year Preceding Year	Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, 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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)

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			 	龙	7					<u> </u>	SP, SP, DC		
			POP S, CLC	Kich Commenca, HC	RIGINATIONS TO	のないね。ないった。ころ	MEMBERSHIP	TARASAN PARAICY	CALHOUN RICK, LLC	Danim An Strick Province		Asset and/or income Source	BLOCK A
			*	*	×	*	*	*	*		None   \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$15,001 - \$50,000   \$100,001 - \$250,000   \$250,001 - \$100,000   \$500,001 - \$1,000,000   \$500,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,000     \$25,000,000    \$25,000,000      \$25,000,000       \$25,000,000      \$25,000,000      \$25,000,000      \$25,000,000      \$25,000,000      \$25,000,000      \$25,000,000      \$25,0	Value of Asset	ВLОСК В
			*	X	<b>X</b>	X	>	7	*	۲	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
			Υ Υ	×	8	×	× ×	×	κ.	*	None \$1 - \$200 =- \$201 - \$1,000	Amount of Income	BLOCK D
				×					~6	×	\$201 - \$1,000	•	

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#### SCHEDULE III — LIABILITIES

HUCH THOMPSON KIG Ju Page 5 of 7

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. 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 sibture, 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 sibture, 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 sibture, 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 sibture, 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 sibture, or applicable of the child, parent, or applicable of the child of the child, or applicable of the child or applicable of the child, or applicable of the chil 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

						SP, DC, JT	
	CONDA NAMONA SANIC			PLANTATON FEDERAL BANK	Example: First Bank of Wilmington, DE	Creditor	
41/14	4/10	1/00	4/08	20/b	May 1998	Date Liability Incurred mo/year	
16 MOINTBACK OF N RUINHALL	montrestofi in Rich	long most caused and invested	4/08 MONTEAGE IN POLICIALLIC	9/08 Montback In Rus Rature	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001 \$15,000	
						\$15,001— \$50,000 <b>3</b>	
_						\$100,000 C	,
					×	\$250,000 D	moun
						\$500,000 "" \$500,001 \$1,000,000 "II	Amount of Liability
	8	7	$\lambda$	γ		\$1,000,001— \$5,000,000	bility
						\$5,000,001— <b>エ</b>	
						\$25,000,001—_ \$50,000,000	
						Over \$50,000,000	

#### 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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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

The promote descrip of an ilonorary flatore,	INC.
Position	Name of Organization
Charman	Horny Courty Cource
りいれいて	Myrtish Shack Racional Februario Bruship public Corp
Dinguiron Goods	DIRECTOR GEROSSA SIMFON CHAPIN ANT MUSEUM

#### SCHEDULE III — LIABILITIES

HUCH THOMPSON KILL James 6 of 7

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 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. 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

R.%	٦, Ç					
Creditor	Creditor	Example: First Bank of Wilmington, DE	Converte National Bank	11		
Date Liability	Incurred mo/year	May 1998	1 1	4/4	-	
Type of Liability	Type of Liability	Mortgage on 123 Main Street, Dover, DE	LOAD IN CALAVAS RIGHT	60m 10 P303, LLC		
>	\$10,001 \$15,000					
	\$15,001— \$50,000		·			 
	\$50,001— \$100,000 \$100,001—					
	\$250,000 \$250,001—	×	×	7	ļ <u> </u>	
	\$500,000 \$500,001— \$1,000,000		Í	•		
- G	\$1,000,001 \$5,000,000					 
	\$5,000,001 \$25,000,000					
	\$25,000,00 \$50,000,00					
ر د	Over \$50,000,00					

#### 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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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.

and positions solely or an normally nature.	attie.
Position	Name of Organization

### **SCHEDULE V — AGREEMENTS**

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Page Z of Z

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 also continued by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also continued by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also continued by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also continued by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also continued by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government of the U.S. Government or current employee welfare or benefit and the U.S. Government of U.S. Government of the U.S. Governmen

etit plan mainti	ent plan maintained by a former employer.	
Date	Parties To	Terms of Agreement
į		

# 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
Exited OFFERTA PARMAN	EXACUTO - FEEC
1255 75 St. 26571	
COL YELL SINCY SILVER AS A CASE	FLACUTONFEES
WYNTH BLACK, SC, 7857	