

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**  
 For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

PATRICK ALAN NUNNELEE

202-225-4306

2012 MAY 15 PH 3: 32

(Full Name)

(Daytime Telephone)

OFFICE OF REPRESENTATIVES

**Filer Status**  
 Member of the U.S. House of Representatives

State: MS  
 District: 01

Officer Or Employee

Employing Office:

**Report Type**  
 Annual (May 15)

Amendment

Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>VI. 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)?                  If yes, complete and attach Schedule VI.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?                  If yes, complete and attach Schedule II.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$50 from one source)?                  If yes, complete and attach Schedule VII.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>III. 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 III.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?                  If yes, complete and attach Schedule VIII.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>IV. 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 IV.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity?                  If yes, complete and attach Schedule IX.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>V. 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 V.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>	

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

<p><b>Trusts--</b>                  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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b>                  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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**SCHEDULE I - EARNED INCOME**

Name PATRICK ALAN NUNNELLEE

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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
Allied Funeral Associates Tupelo, MS	Consultant Fee	\$26,000
Lee County Schools Tupelo, MS	Spouse Salary	n/a

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name **PATRICK ALAN NUNNELLEE**

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>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.</p> <p>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 a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>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.</p>	<p>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 and is included only because it is generated income, the value should be "None."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT Allied Funeral Associates, Inc.	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
JT Allied Funeral Holdings	\$250,001 - \$500,000	DIVIDENDS	\$2,501 - \$5,000	
JT Allied Funeral Insurance Agency PA	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	
BancorpSouth (checking account)	\$1,001 - \$15,000	None	NONE	
Black Rock Equity Fund held in Mississippi Deferred Compensation Plan (MS Senate)	\$1,001 - \$15,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name PATRICK ALAN NUNNELEE

	Boston Co. Mid-Cap held in Mississippi Deferred Compensation Plan (MS Senate)	\$1,001 - \$15,000	None	NONE	
	Fayez Saratorm held in Mississippi Deferred Compensation Plan (MS Senate)	\$1,001 - \$15,000	None	NONE	
	Fidelity Diversified held in Mississippi Deferred Compensation Plan (MS Senate)	\$1,001 - \$15,000	None	NONE	
	Mississippi Public Employees Retirement System	\$50,001 - \$100,000	None	NONE	
SP	Mississippi Public Employees Retirement System	\$15,001 - \$50,000	None	NONE	
	Mississippi Supplemental Legislative Retirement Plan	\$15,001 - \$50,000	None	NONE	

# SCHEDULE V - LIABILITIES

Name **PATRICK ALAN NUNNELEE**

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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. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Wells Fargo (Mortgage)	1996	Mortgage on 1816 Woodside Circle, Tupelo, MS	\$100,001 - \$250,000
JT	Renesant (Mortgage)	2001	Mortgage on 1816 Woodside Circle, Tupelo, MS	\$15,001 - \$50,000
JT	GMAC (Mortgage)	1997	Mortgage on 342 Indian Summer, Clinton, MS	\$15,001 - \$50,000
JT	Community Bank (Mortgage)	2009	Mortgage on 342 Indian Summer, Clinton, MS	\$15,001 - \$50,000

# SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, 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 honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Allied Funeral Holdings Tupelo, MS
Director	Allied Funeral Insurance Agency PA Tupelo, MS
Director	Allied Funeral Associates, Inc. Tupelo, MS
Director	Allied Funeral Associates Insurance, Inc. Tupelo, MS

# SCHEDULE IX - AGREEMENTS

Name PATRICK ALAN NUNNELLE

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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 plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Jan 1995	Myself and the State of Mississippi	Pension Annuity for service in State Legislature