UL LED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - May 15, 2012	FORM B For use by candidates and new employees	JUN 15 2012 Page 1 of 7
	ime Telephone:	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
Filer Status  Candidate for the House of Representatives District:  District:  Employing Office:	ete of II/66/2012 Check if Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THE	IESE 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?  Yes No I yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or lof filing in the current calendar year or in the pricityes, complete and attach Schedule IV.	pefore the date or two years? Yes No 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? Yes If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or ar with an outside entity?  If yes, complete and attach Schedule V.	rangement Yes No
III. Did you, your spouse, or a dependent child have any reportable flability (more than \$10,000) during the reporting period?  **R yes, complete and attach Schedule III.**  No.	VI. Did you receive compensation of more than a single source in the two prior years?  If yes, complete and attach Schedule VI.	\$5,000 from Yes No X
Each question in this part must be answered and the	ne appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INF	ORMATION — ANSWER EACH (	OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on disclosed. Have you excluded from this report details of such a trust benefiting you,		ot be Yes No X
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" induced because they meet all three tests for exemption? Do not answer "yes" unless you have	come, transactions, or liabilities of a spouse or de eve first consulted with the Committee on Ethics.	pendent child Yes No No

# Name CHERYL L. BUSTOS

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## 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. Amount **Type** Source (include date of receipt for honoraria) **Current Year to Filing** Preceding Year \$28,450 Salary \$6,300 XYZ Corporation, Houston, TX \$3,200 Director's Fee \$400 First Bank & Trust, Houston, TX Examples: \$1,000 Honorarium XYZ Trade Association, Chicago, IL (Rec'd December 2) Spouse Salary Harris County, Texas Public Schools IOWA HEALTH SYSTEMS, DES MOINES, IA COUNTY OF POUK ISLAND, IL CITY OF EAST MOUNE, IL TUR KINTION, DES MOINES, IA

#### **BLOCK A** BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income Amount of Income Identity (a) each asset held for investment or production Indicate value of asset at close Check all columns that apply. For For retirement accounts that do not allow you of income with a fair market value exceeding \$1,000 at of reporting year. If you use a retirement accounts that do not to choose specific investments or that generthe end of the reporting period, and (b) any other allow you to choose specific valuation method other than fair reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. ate tax-deferred income (such as 401(k) plans investments or that generate taxmarket value, please specify the or IRAs), you may check the "None" column. deferred income (such as 401(k) method used. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all other assets, indicate the category of plans or IRAs), you may check the "None" column. Dividends, interincome by checking the appropriate box If an asset was sold during the est, and capital gains, even if below. Dividends, Interest, and capital For all IRAs and other retirement plans (such as 401(k) reporting year and is included plane) that are self-directed (i.e., plans in which you reinvested, must be disclosed gains, even if reinvested, must be disonly because it generated have the power, even if not exercised, to select the speas income. Check "None" if the closed as income. Check "None" if no income, the value should be cific investments), provide the value for each asset held asset generated no income during income was earned or generated. in the account that exceeds the reporting thresholds. "None" the reporting period. For nettrement 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. ABCDEFIGHI JK **Current Year Preceding Year** For rental or other rest property held for investment provide a complete address. A MANAGAN IN n lin liv l v lvi lviibiilix l x lxi 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 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 homes and vacation homes (unless there was rental \$50,001 - \$100,000 \$100,001 - \$1,000,000 income during the reporting period); any deposits total-EXCEPTED/BLIND TRUST ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income Specify: e.g., Partnership Other Type of Income \$201 -- \$1,000 \$1,001 -- \$2,500 \$2,501 -- \$5,000 \$5,001 -- \$15,000 \$15,001 -- \$10,000 \$1,001 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$15,000 \$15,001 – \$60,000 \$50,001 – \$100,000 derived from, a federal retirement program, including the Thrift Savings Plan. \$1,001 - \$15,000 GAINS If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depend-DIVIDENDS ant 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 booldet. SP. SP Mega Corp. Stock Indefinite Royalties DC. Examples: Simon & Schuster 1st Benk of Paducah, KY accounts Vauguard SM-Im INV-A

Continuation Sheet (if needed)

	BLOCK A	Ì				BL	.oci	ΚB								ı	BLC	СК	¢										В	LO	CK	D								
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DC		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 - \$500,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,0	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income	(apocity; e.g., reintensing income of Ferm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	None	\$1 - \$200	\$201 - \$1,000	\$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	Over \$5,000,000
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## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name CHERY L. BUSTOS

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	BLOCK A  Asset and/or Income Source			٧		BLO			et						Ту			inc		18		! !						Aı	mo			K C	100	m	<b>.</b>	•	•					
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DC		None	\$1 - \$1,000	\$1,001 - \$15,000	\$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 - \$25,000,	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	MEN	INIEREDI CADITAL CARRO	EXCEPTED/ALIND TRUST	TAX-DEFERRED	Other Type of Income	(Specify: e.g., Partnership income	(autom mat 6)	None	\$1 - \$200 \$201 \$1 000	63 001 - 60 KO	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,001	\$1,000,001 - \$5,000,000	Over \$5,000,000	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	Over \$5,000,000
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#### 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.

<b> </b>				L			Am	ount c	of Liai	yilk			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,000	\$15,001— B	C -100,001 \$100,001	\$100,001— \$250,000	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,0001— \$5,000,000	\$5,000,001— \$25,000,000 H	\$25,000,001— \$60,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х						
	Wells Favoro		Mortgage on 100 Market, bus Mondo Student Loan - Nick Bustos				X						
	Nells Favoro Salve Mae		Student Loan-Mick Bustos	_		X			<u> </u>	 			
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#### **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
Board Member	The Women's Connection
Board Member	It women's leadership Council
Board Member	IA Bugness Council
Broad Number	IA welvess comal

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### **SCHEDULE V — AGREEMENTS**

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.

Parties To	Terms of Agreement
	Parties To

## 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.

Brief Description of Duties
Accounting services
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