

UNITED 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

LEGISLATIVE RESOURCE CENTER

2012 JUN 25 AM 9:58

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: CHERYL L. BUSTOS

Daytime Telephone: _____

Filer
Status



Candidate for the
House of Representatives

State: ILLINOIS

District: 17

Date of
Election: 11/06/2012

Check if
Amendment



New officer or
employee

Employing Office: _____

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 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 ☒ 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 ☒ 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 ☒ No ☐

V. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule V.

Yes ☐ No ☒

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 ☒ 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 ☒

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 ☒

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 ☒

SCHEDULE I – EARNED INCOME (INCLUDING HONORARIA)

Name CHERYL L. BUSTOS

Page 2 of 7

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.

[illegible]

Page 3 of 7

Continuation Sheet (if needed)

Name

Page 4 of 1

This work may be copied if more space is required

Continuation Sheet (If needed)

Page 5 of 7

[illegible]

SCHEDULE III — LIABILITIES

Name **CHERYL L. BUSTOS**

Page **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 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	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001— \$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— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000	
	Wells Fargo		Mortgage on 100 Market, ^{with} DCS ^{DCS} Memo				X							
	Salve Mae		Student Loan - Nick Bustos			X								

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	IA Women's Leadership Council
Board Member	IA Business Council
Board Member	IA Wellness Council

Use additional sheets if more space is required.

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.

[illegible]**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.**

[illegible]