

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - October 5, 2012

Name: Kevin Carmer Daytime Telephone: _____

DEC 03 2012

LEGISLATIVE RESOURCE CENTER

2012 DEC -7 AM 10:39

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(On the 5th Floor)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>MD</u> District: <u>8</u>	Date of Election: <u>11/06/2012</u>	Check if Amendment <input checked="" type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

Kevin Cozmes

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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) 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
XYZ Corporation, Houston, TX	Salary	\$8,300	\$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
<i>State of North Dakota</i>	<i>Salary</i>	<i>78,051.24</i>	<i>91,247.50</i>
<i>University of Maryland</i>	<i>Salary</i>	<i>0</i>	<i>76,285.00</i>
<i>University of Maryland</i>	<i>Spouse Salary</i>	<i>NA</i>	<i>NA</i>

SCHEDULE III - LIABILITIES

Name

Kerrin Barber

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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 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					
				B \$15,001 - \$50,000	D \$100,001 - \$250,000	F \$500,001 - \$1,000,000	H \$5,000,001 - \$25,000,000	J Over \$50,000,000	
	<i>Example: First Bank of Wilmington, DE</i>	<i>May 1998</i>	<i>Mortgage on 123 Main Street, Dover, DE</i>		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
<i>Trustee</i>	<i>University of Maryland</i>
<i>Chair</i>	<i>Boydridger Honor Flight</i>