UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2013 MAY 15 PM 2:20 MC

James M. Costa
(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: CA District: 20	☐ 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

		Yes	No
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.	☑	☐
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.*	☐	☑
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.	☑	☐
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.	☐	☑
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.	☑	☐
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.	☐	☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $350 from one source)? If yes, complete and attach Schedule VII.	☑	☐
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.	☑	☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? *If yes, complete and attach Schedule IX.*	☐	☑

• **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

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

		Yes	No
IPO--	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	☐	☑
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 dependent child?	☐	☑
Exemptions--	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.	☐	☑

SCHEDULE I - EARNED INCOME

Name James M. Costa

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
California Public Employees Retirement Systems	Legislative Pension	$3,753
California Legislator Retirement System	Legislative Pension	$7,452

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

	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 "unearned" 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) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. 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 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. 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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK B **Year-End 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." * This column is for assets held solely by your spouse or dependent child.	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 "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.	BLOCK D **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. * This column is for income generated by assets held solely by your spouse or dependent child.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	1750 S. Chateau Fresno, CA	$250,001 - $500,000	RENT	$1,001 - $2,500	
	408 5th Street St. SE, Washington D.C.	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
	Costa Farms Fresno, CA	$1,000,001 - $5,000,000	Farm Real Estate	$100,001 - $1,000,000	
	Portugueses Fraternal Society of America	$1,001 - $15,000	INTEREST	$1 - $200	
	Premier Valley Bank Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

	Wachovia Securities 401K (not self-directed)	$100,001 - $250,000	Retirement Plan	$5,001 - $15,000	
	Wells Fargo Bank	$1,001 - $15,000	INTEREST	NONE	
	West America Bancorp Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name James M. Costa

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. Members: Members are required to report *all liabilities secured by real property* including mortgages on their personal residence. Exclude: Any mortgage on your personal *residence (unless it is rented out* or you are a Member); 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* preceding calendar year exceeded $10,000. *This column is for liabilities held solely by your spouse or *dependent child*.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	United Security Bank	October 2007	Personal	$100,001 - $250,000
	The National Capital Bank	July 2006	Mortgage on 408 5th Street SE, Washington DC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James M. Costa

***Identify the source** and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by **federal, state, and local governments**, or by a **foreign** government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.*

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Transatlantic Policy Network	Mar 13-17	Fresno-Strasbourg-Brussels-DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name James M. Costa

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
Board Member	National Conference of State Legislatures Foundation
Board Member	The Maddy Institute, CA State University, Fresno
Advisory Council Member	The Congressional Hispanic Caucus Institute