No X	hild because Yes	resactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o
No M	losed. Have you Yes	d certain other "excepted trusts" need not be disclaid?	e on Ethics an dependent ch	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?
Š	NSWER EACH OF THESE QUESTIONS	- A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
I the onse.	nust be answered and d for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	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.
N ₀	rrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× ×	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If ves. complete and attach Schedule IV.
8 ⊠	before the date	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.	No	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.
₹	receive any the reporting Yes	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.	No.	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.
8	eceive any egating more Yes	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.	No 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? Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Termination	Employee	Status House of Representatives District: 20 Report Annual (May 15, 2012) Amendment
03	2012 HAY -9 PM 2: 03 2012 HAY -9 PM 2: 03 OFFICE OF THE STREET TATIVES MUS. HOUSE TEST SERVICE THE STREET TATIVES MUS.	eler	Daytime	CHARLES A.
VERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

BLOCK A

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 Identify (a) each asset held for investment or production Asset and/or income Source

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

more than \$200 in "unearned" income during the year.

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retire-For all IRAs and other retirement plans (such as 401(k) investments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.,* plans in which you have

vide a complete address For rental or other real property held for investment, pro-

tion in Block A. 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 loca-

ing \$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 income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

optional column on the far left. income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements

SP Mega Corp. Stock

Simon & Schuster 1st Bank of Paducah, KY Accounts

DC, Examples

THYOUSE STATE MON

CHOEN'S

UNION ZWS.

STOHE

11/6/6

THAIFT SHINGS OLON

TX. COUNTY - DISTRICT

MENT SYS.

30

For additional assets and unearned income, use next page

OFTIGE AT

SYSTEM KETTRO Ž.

SES KOTONES

Value of Asset

BLOCK B

reporting year. If you use a valuation please specify the method used. method other than fair market value, Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting

ing the reporting period.

earned or generated

Type of Income BLOCK C

if the asset generated no income dur Check all columns that apply. For disclosed as income. Check "None" Dividends, interest, and capital that generate tax-deferred income you to choose specific investments or gains, even if reinvested, must be retirement accounts that do not allow may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you

BLOCK D

Deferred" in Block C, you may check the For assets for which you checked "Tax-Amount of Income

cate the category of income by checking reinvested, must be disclosed as the appropriate box below. Dividends, "None" column. For all other assets, indi-Income. Check "None" if no income was interest, and capital gains, even if year. \$1,000 in reporting or exchanges (P), sales (S) purchases asset had (E) exceeding Indicate if the ransaction BLOCK E

	_				_				
					<u> </u>			None	>
				\times		悥		\$1 – \$1,000	Φ.
			\times			Indefinite		\$1,001 – \$15,000	0
	\succeq					6		\$15,001 - \$50,000	0
\geq							×	\$50,001 - \$100,000	П
		\times			×			\$100,001 - \$250,000	П
					<u> </u>			\$250,001 - \$500,000	ត
 <u> </u>								\$500,00 <u>1</u> - \$1,000,000	Ξ
			_					\$1,000,001 - \$5,000,000	_
								\$5,000,001 - \$25,000,000	
 					L			\$25,000,001 - \$50,000,000	*
				İ				Over \$50,000,000	<u>- </u>
								NONE	
							×	DIVIDENDS	
					×			RENT	
								INTEREST	
							×	CAPITAL GAINS	
								EXCEPTED/BLIND TRUST	
			_					TAX-DEFERRED	
						Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
								None	_
								\$1 – \$200	=
								\$201 – \$1,000	Ξ
							Х	\$1,001 – \$2,500	2
								\$2,501 - \$5,000	<
					X			\$5,001 – \$15,000	≤
								\$15,001 - \$50,000	≦
								\$50,001 - \$100,000	≦
	L					×		\$100,001 - \$1,000,000	×
								\$1,000,001 \$5,000,000	×
								Over \$5,000,000	×
				1			S (partial)	sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of
 								-	

SCHEDULE V— LIABILITIES

Name CHARLES B. GHZ462 Page 3

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 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 it is rented out); 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 mortgages on personal residences

		-			SP, DC, JT
74/2	ME	TER!	BANK	Example:	- Control of the Cont
THRIFT SAVINGS CLAN	NELHET	·e/	BANK OF AMERICA	First Bank of Wilmington, DE	Creditor
sal.	sept-	3000-	110510	May 1998	Date Liability Incurred Mo/Year
LOBN	STWENT LOAN	STUBENT LOUN	CAEDIT CHED	Mortgage on 123 Main St., Dover, DE	Type of Liability
	X				\$10,001- \$15,000
X			X		\$15,001- \$50,000
					\$50,001- \$100,000 O
	•			×	\$250,000
		_		_	\$500,000 m 5
					\$1,000,000 " \$1,000,001- \$5,000,000
					\$5,000,000 \$5,000,001- \$25,000,000
					\$25,000,001- \$50,000,000
					Over \$50,000,000

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source Example: Mr. Joseph H. Smith, Anytown, Anystate
	irce mith, Anytown, Anystate
	Description Silver Platter (determination on personal friendship received from Committee on Ethics)
	Value \$375