<b>₹</b>	ecause Yes	sactions, or liabilities of a spouse or dependent child b with the Committee on Ethics.	* income, trans st consulted w	<b>EXEMPTION</b> —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.
<u>Z</u>	d. Have you Yes	id certain other "excepted trusts" need not be disclosed	on Ethics and dependent chil	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?
S	HESE QUESTION	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	t be answered and or each "Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	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 C	ement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No 🔲	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 yes, complete and attach Schedule IV.
No No	ore the date Yes	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.
N Z	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.
<u>₹</u>	ng 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 U	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.
		SE QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Termination Date:  Termination 1/2/2013	Officer or Employee	Status House of Representatives District: 13  Report Type Annual (May 15, 2012)  Amendment
CENTER: 21	LEGISLATIVE RESOURCE CENTER  2013 JAN 17 PM 12: 21  C. F. G. G. S.	Daytime Telephone:	Daytime 1	Name: Fortney "Pete" Stark
ERED	HAND DELIVERED	Form A For use by Members, officers, and employees	AEN T	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT

Name
Forther
"Pete"
Stark

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## SCHEDULE I—EARNED INCOME

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.

Type

**Amount** 

Source

Examples Shall Analyzard Shall			
State of Maryland  Control County Board of Education  State Department of Education  Spouse Spouse Spouse State  Three  Three  The Children's Hospitaal  Charitable Trust  Charitable Trust  Charitable State School Officers  The State School Officers  The A Reader  The A Reader  State Department of Education  Spouse State Consulting feel  Spouse consulting feel	Keene State	Approved Teaching Fee	\$6,000
Chail temperate of Education  Spouse Charitable Trust  Spouse Charitable Trust  Similarity Service  The Chief State School Officers  The Chief State School Officers  The A Reader  The Reader  Spouse consulting fee Spouse consul		Legislative Pension	\$9,000
ment of Education  Trust  Thospital  Hospital  Spanse consulting fee  Community Service  Stark School Officers  Stark School of ficers  Spanse consulting fee		Spouse Speech	\$1,000
Hospital  Hospital  Spause consulting fee  Trust  Community Service  Stake School Officers  Spause consulting fee  Stake School Officers  Spause consulting fee	Ontario County Board of Education	Spouse Salary	NA
Hospital  Spende consulting fee  Trugh  Community Service  Stack School Officers  Spende consulting fee	M) State Department of Education	Spouse consulting fee	VA.
Hospital  Spouse consulting fee  Stark School Officers  Stark School Officers  Spouse consulting fee	Zero to Three	Spouse consulting fee	Z A
Spouse consulting fee  School Officers  Spouse consulting fee  Spouse consulting fee  Spouse consulting fee  Spouse consulting fee	Boston Children's Hospital	Spouse consulting fee	NA
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Dodse -	Del at	Charles Schwab Cash Management	٦,	٩.	Ambient			SP P	the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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 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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-  BLOCK B  Value of Asset Indicate value of asset at clos reporting year. If you use a value method other than fair market v please specify the method used.  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) that are self-directed (i.e., plans in which you have generated income, the value shoul account that exceeds the reporting thresholds. For retire-
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Cox ( DOD 6x)	G	\ \text{\{\xi} \}	(CPN)	r	5	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	titution holding the account and its the reporting period.  al property held for investment, proress.  al property held for investment, proress.  terest in a privately-held business raded, state the name of the business raded and the program, including the Thrift or our may indicate that an asset or to dependent by held with your spouse (JT), in the far left.	BLOCK A BLOCK A below for inco held for inco held for inco held for inco market value rating period urces of inc earned" inc earned" inc earned (i.e., p  retirement coted (i.e., p  t exercised, he value for he reporting
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	×			<del> </del>	<b>×</b>	ļ	Indefinite	$\vdash$	\$1 - \$1,000 <sup>©</sup>	BLOCK B  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."
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							es		(opeany, o.g., rannorship moone or rain moone)	7 4 <b>0</b> 2 2 2 6 8 2 4
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	×			$\vdash$	+	╁	-		None – – – – – – – – – – – – – – – – – – –	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, indi- cate 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.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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# **SCHEDULE IV— TRANSACTIONS**

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57	50/00			SP	SP, DC, JT	action. Exd dren, or the ates renta cate (i.e., Capital G of \$200, c	Report ar or depend erty held
Apple, Inc (AAPL)	Apple Inc (AAPL)	Vanguera REIT (NGSIX)	bodge and Cox (bod Gx)	Example: Mega Corporation Common Stock (partial sale)	Asset	resulted in a capital loss, rroyted a brief description or any excitating trails action. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real proporty held for investment that exceeded \$1,000. Include transactions that
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Time warner Inc (TWX)

Time Warner Cable (Twc)

### SCHEDULE V— LIABILITIES

Name Fortney "Pek" Stark

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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. 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 mortgages on personal residences.

		_					Amount of Liability	of Li	hility			
SP,		Liability		>	-		m		1- 6	1- <u>+</u>	01	ے 00
٦,R	Creditor	Mo/Year	Type of Liability	\$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 \$25,000,00	\$25,000,00 \$50,000,00	Over \$50,000,00
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×					
			Mortgast on personal residence		_		_					
	Bank of America	April 2012	April 2012 (Harmood, MD)					×				
			LOAN ON S. SAN Francisco							•		
	Reliastar like Insurance Co	1007 B	Werehouse							×		
			Mortgage on Rental House									
	Wells Farge	Amy 2011	(2rd Street SE Washington DC)					<b>×</b>				
	Charles Schuseb, Inc	Nov 2012	Margin Loch	×								
								┢	$\vdash$			

#### 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	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
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	7	֭֓֝֝֝֜֜֜֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֓֓֜֜֜֡֓֜֜֜֡	
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Name Fortney "Pete" Stark

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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		:	Parties To	,
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			Terms of Agreement	
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