EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on they meet all three tests for exemption?	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Id have any reportable Yes X No A	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. IX. Did you have any IX. Did you have	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.	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. VII. Did you, your spo	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. VI. Did you, your spouse free your spouse in the reportable gift yes, complete and if yes, complete and	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Status X Member of the U.S. State: MI Officer or Employing Office Status House of Representatives District: 07 Employee Report Type X Annual (May 15, 2012) Amendment Termination	Name: TIMOTHY L. WALBERG Daytime Telephone: 20	UNITED STATES HOUSE OF REPRESENTATIVES FOR CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT For use by Members,
of a spouse or dependent child because Ethics.		ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the ppropriate schedule attached for each "Yes" response.	reportable agreement or arrangement with attach Schedule IX.	reportable positions on or before the date calendar year? attach Schedule VIII.	use, or a dependent child receive any imbursements for travel in the reporting an \$350 from one source)? attach Schedule VII.	use, or a dependent child receive any eporting period (i.e., aggregating more nerwise exempt)?	NS	Termination Date:	1.225.7210 M	rm A officers, and employees
Yes No X	Yes No 🗙	ESTIONS	ered and the es" response.	Yes X No	Yes No X	Yes X No	Yes No X		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	LEGISLATIVE RESOURCE CENTER 2012 MAY 18 AH 11: 13 U.S. H. LONG HER DENY LINE CONTROL	HAND DELIVERED

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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.

Source	Type Amount Approved Teaching Fee \$6,000 Legislative Pension Spouse Speech Spouse Salary LEGISLATINE PENSION Type Amount \$6,000 \$1,000 NA LEGISLATINE PENSION Type Amount \$6,000 NA	Amount \$6,000 \$9,000 \$1,000 NA
STATE OF MICHIGAN	legislative pension	\$ 56, 684.

MFS Growth	Amer Gr	Amer Gr	Templeton	Hartford 1	MPS HIGH		Examples:	SP. SP Me	For rental or other real property held it vide a complete address. For an ownership interest in a privathat is not publicly traded, state the ness, the nature of its activities, and it ition in Block A. Exclude: Your personal residence, homes and vacation homes (unless income during the reporting period): ing \$5,000 or less in a personal caccounts; and any financial interest in, from, a federal retirement program, i Savings Plan. Savings Plan.	ment accounts which are not self-direct the name of the institution holding the value at the end of the reporting period.	For all IRAs and other plans) that are self-directhe power, even if not investments), provide the account that exceeds the	Provide complete name: not use ticker symbols.)	more than \$200 in "une	the end of the report reportable asset or sou	Identify (a) each asset I	Asset and/c	
wth	Gruth é Incm	Gruth	Templeton Dev. MKE. Sec	Hartford Money MK+ HLS	# NCH	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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 tar left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	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-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	more than \$200 in "unearned" income during the year.	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 of income with a fair market value exceeding \$1,000 at	Asset and/or Income Source	
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<u> </u>		 	†		+	t		\dashv	\$250,001 - \$500,000	മ	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	please specify the method used.	reporting year. If you use a valuation method other than fair market value,	value of asset at close	Value of Asset	
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							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		disclosed as income. Check "None" if the asset generated no income during the reporting period.	Dividends, interest, and capital	(such as 401(k) plans or IRAs), you	you to choose specific investments or that generate tax-deferred income	Check all columns that apply. For retirement accounts that do not allow	me ·	
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		<u> </u>	<u> </u>	<u> </u>	ļ	L			\$1 - \$200	=	earned or generated.	reinvested, must be	the appropriate box below. Dividends, interest and capital cains even if	"None" column. For all other assets, indi- cate the category of income by checking	For assets for which you checked "Tax- Deferred" in Block C, you may check the		
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name TIMOTHY L. WALBERG

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name TIMOTHY L. WALBERG

Page 5 of ID

 \vdash 20 SP, PIMCO T. Rowe Price US Bond index TLC Community Credit Uni T. Rowe Price Short term bon PIMCO Investmt grade corp TIAA- CREF Asset and/or income Source Low Duration BLOCK A × × > None ₩ \$1 - \$1,000 × × O \$1,001 - \$15,000 ×× 0 \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 Ø \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 c \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE X × × X **DIVIDENDS** × RENT $\times \times$ INTEREST of Income BLOCK C × × × × Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None × ×× X Amount of Income × \$1 - \$200 Ξ \$201 - \$1,000 < \$1,001 - \$2,500 BLOCK D < \$2,501 - \$5,000 VI VII VIII IX \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 ~ \$5,000,000 ≚ Over \$5,000,000 Transaction BLOCK E சுலந

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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 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 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 mortgages on personal residences.

91		SP, DC, JT	9.0
United	Example:		9
United Bank & Trust Tecumsch, MI	First Bank of Wilmington, DE	Creditor	
Dec 2002	May 1998	Date Liability Incurred Mo/Year	
Dec 2002 mortgage on 6749 Teachout Rd. Tipton, MI	Mortgage on 123 Main St., Dover, DE	Type of Liability	
		\$10,001- \$15,000	
		\$15,001- \$50,000	
*		\$50,001- \$100,000	
	×	\$250,000 \$250,001-	
		\$500,000 P	
		\$1,000,000 "	
		\$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

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	Example:			ļ	
	Example: Mr. Joseph H. Smith, Anytown, Anystate				•
Source	H. Smith, An				
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	Silve		[
	Silver Platter (determination on personal friendship received from Committee on Ethics)				
	termination o				
Des	on personal				
Description	friendship re				
	ceived from				
	Committee				
	on Ethics)	İ			
Value	\$375				
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evamnlae.	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
zyanipico.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	۲	Υ	· ·	2 Days
Americ	American Israel Ed. Foundation Aug. 14-21	Aug. 14-21		γ	٧	٧ -	None
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SCHEDULE VIII—POSITIONS

Name TIMOTHY L. WALBERG

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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 en	Report all positions, compensated or uncompensated, held during the current calendar year as an officer
nited States.	ນາ, firm, partnershi	the current calen
	hip, or other busin	endar year as an
	usiness enterprise, any nonprofit organization, any labor	an officer, director, trustee of an organization, partner
	ny nonprofit or	trustee of an c
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	y labor	artner,

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-

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			Position	
			Name of Organization	
		# P P P P P P P P P P P P P P P P P P P		

SCHEDULE IX—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.

	_				
			4-12-2006	Date	
			4.12.2006 STATE OF MICHIGAN	Parties To	
			PENSION FOR SERVICE - ST. HOUSE	Terms of Agreement	