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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	EMENT	Form A For use by Members, officers, and employees	HAND DEL	
Name: Dale Edward Kildee	Daytime	Daytime Telephone:シルンシラーろもロ	2312127 - 7 EII	3
Filer Member of the U.S. State:	Officer or Employee	or Employing Office: /ee	A \$200 penalty shall b	nall b
Type (May 15, 2012) Amendment	:	Termination Date:	30 days late.	0 1116
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	OF THES	SE 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? Yes Karaman Schedule I.] No	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.	receive any regating more Yes	
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 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.	d receive any in the reporting Yes e)?	
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?	 S □	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.	or before the date Yes	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS

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.

Yes

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appropriate schedule attached for each "Yes" response. Each question in this part must be answered and the \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding

Yes

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IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes

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If yes, complete and attach Schedule III.

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? they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because Yes Yes <u>Z</u> v X

X

Name Dale Edward Kildre Page 2 of 6

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.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name / K/e	Edward Kildee Page
BLOCK A	BLOCK B	BLOCK C	ВГОСК В
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income Transaction
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	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value		
more than \$200 in "unearned" income during the year.	please specify the method used.	(such as 401(k) plans or IRAs), you	
Provide complete names of stocks and mutual funds (do not use ticker symbols,)	If an asset was sold during the reporting	may check the "lax-Deterred" column. Dividends, interest, and capital	
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	year and is included only because it generated income, the value should be	garns, even it reinvested, must be disclosed as income. Check "None" if the asset generated no income dur-	earned or generated.
investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	"None."	ing the reporting period.	
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.	A B C C C F G H - J X L		I II III IV V VI VII VIII IX X XI portion of
For rental or other real property held for investment, provide a complete address.		me)	sold, please indicate as
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.		or Farm Inco	follows: (S) (partial) See below
Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	BLIND TRUST RED	500 000 0,000 0,000 00,000 1,000,000 \$5,000,000
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.	- \$1,000 001 - \$15 0,001 - \$5 0,001 - \$1 0,001 - \$ 00,001 - \$ 000,001 - \$ 000,001 -	VIDENDS NT EREST PITAL GA CEPTED/I C-DEFERF	- \$200 01 - \$1,00 001 - \$2,0 501 - \$5,0 001 - \$15 5,001 - \$5
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	\$1,4 \$15 \$50 \$10 \$25 \$50 \$1,4 \$5,6	REI	\$20 \$1, \$2, \$5, \$15 \$50 \$10 \$1,
SP	×	X	S (partial)
JT 1st Bank of Paducah, KY Accounts	×	X	×
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	Ally Bank- UT Total Morgan Strakey Smith Burney IRA milled Over to	bank deposit Barkleys Dank Delaume C.D American Express Century C.D	th Barney		Continuation Sheet (if needed) BLOCK A Asset and/or Income Source Value of Asset	
	X	$\times \times$		None ➤	ئے ا	
				\$1 \$1,000		<u> </u>
				\$1,001 - \$15,000	Ţ	П
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			mendatory distribution	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Name Dale Edward Kildee BLOCK D Amount of Income	- -
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SCHEDULE V— LIABILITIES

Name Dale Educated Kilder Page 5 or 6

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.

Example: First Bank of Wilmington, DE May 1998 Mortgage on 123 Main St., Dover, DE The Citi murt gage Inc. Oct 2002 First, Mr (not rented) April 2014 Mortgage on 123 Main St., Dover, DE Mortgage on 123 Main St., Dover, DE The Citi murt gage Inc. April 2014 Mortgage on 123 Main St., Dover, DE Mo	J SP T C, SP	Creditor	Date Liability Incurred Mo/Year	Type of Liability	5,000	,000	00,000	50,000 S 50,001	00,000	000,000	000.001-	000,000	000,001- 000,000 = 5,000,000
Citimust gage Inc. Citimust gage Inc. Citimust gage Inc. Congressional Edoval C.U.	_				\$10,0 \$15,0	\$15.0	\$15,0 \$50,0	\$50,0 \$50,0 \$100,	\$50,0 \$50,0 \$100, \$100, \$250,	\$50,0 \$50,0 \$100, \$100, \$250, \$500,	\$50,0 \$50,0 \$100, \$100, \$250, \$500, \$500,	\$50,0 \$50,0 \$100, \$100, \$250, \$500, \$1,00 \$1,00	\$50,0 \$50,0 \$100, \$100, \$250, \$500, \$500, \$1,00 \$5,00 \$5,00
Citiment gage Inc. Citiment gage Inc. Congressional Edoral C.U.		Example: First Bank of Wilmington, DE	May 1998						×	×	×	×	×
Citi must gage Inc. [Congressional Federal C.U.		Citiment gage Inc.	Dd 2002	mortgage on personal reci			X	X	X	X	X	X	
Congressional federal C.U.	7	Citi mort alige Inc.	Dary Sout	mortgage on personal residence			X	X	X	X	X	X	X
	_	Concressional fedous C.U.	Vine 20%	HELDE on personal residence			X	X	<u>X</u>	<u> </u>	<u>×</u>	<u>×</u>	×
		C											

SCHEDULE VI— GIFTS

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.

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.

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	Т	<u></u>			\neg
Description Silver Platter (determination on personal friendship received from Committee on Ethics)		Example:			
Description Silver Platter (determination on personal friendship received from Committee on Ethics)		Mr. Josep			
Description Silver Platter (determination on personal friendship received from Committee on Ethics)	Source	h H. Smith			
Description Silver Platter (determination on personal friendship received from Committee on Ethics)	, l	, Anytown			
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SCHEDULE VIII—POSITIONS

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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,

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

-	 	 	 	
				Position
				Name of Organization

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

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and self	life insurance, health insurance, and pension
	(