8 ∑	Yes 🔲	pendent child	ties of a spouse or deporties.), transactions, or liabilities st consulted with the Cou	arned" income	er assets, "unea wer "ves" unles	EXEMPTION 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 "ves" unless you have first consulted with the Committee on Ethics.	EXEMPTION—H because they mee
No M	Yes 🔲	ot be	cepted trusts" need no nt child?	s and certain other "exce spouse, or a dependent	nittee on Ethica	d by the Comm a trust benefit	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 a dependent child?	TRUSTS—Details disclosed. Have yo
, o	EACH OF THESE QUESTIONS)F THESE (WER EACH O	WATION — ANSI	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER	XCLUSION
	esponse.	each "Yes" r	le attached for (ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	ŢĮ
₹	∀ 88	\$5,000 from	pensation of more than \$ prior years? ach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	8	Yes	Ill. 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 III.	III. Did you, your spable liability (more the liability more the liability transport to the lift yes, complete and
₹	€	rangement	rtable agreement or am	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>8</u>	eg X	II. 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 II.	 Did you, your spo income of more than reportable asset wor if yee, complete any
<u>\$</u>	88 ⊠	refore the date	ortable positions on or by endar year or in the prior ach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Yes 🔼	 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 yee, complete and attach Schedule I. 	I. Did you or your st fees) of \$200 or mor If yee, complete an
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE	PRELIMINAR
	30 days late.	more than 30 days late				Office:	employee Employing Office:	
assessed who files	O	A \$200 pen against any	Check if Amendment	Date of APPIC 3, 2012	Date of Election	# D	Candidate for the State: House of Representatives District: New officer or	Filer
ERK	U.S. HOUSE OF THE CLERK	U.S. HOLE						
2: 23	2012 HAR 13 PM 2: 23	/ Z012 P	<u>-</u>	Daytime Telephon∢	Daytime		OLENN IVEY	Name: 62
CENTER	LEGISLATIVE RESOURCE CENTER	LEGISLA		·				. •
			nd new employees	For use by candidates and new employees		3, 2012		Period covered
	MAR -5 2072 101 5	**	. 60	FORM		ATIVES	ÛNITED STATES HOUSE OF REPRESENTATIVES FINANCYAL DISCLOSURE STATEMENT	UNITED STATE

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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. 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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Amount	unt
Source (include date of leception noticiality)	1 y poo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
CAIII Dies: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	. 0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	N
VENABLE LLP, WASHINGTON, DC	SALARY	\$24,000	1299, 535
STATE OF MARYLAND, ANNAPOUS, MD	SALARY (SPOOSE)	36,667	340,389
STATE OF MARYLAND, ANNAPOLIS, MD	SALARY (TEACHWA)	0	\$ 3, 750
GERLACH REAL ESTATE CHELY CHASE MD	FEE (SPOUSE)	0	\$2,871
NATIONAL PUBLIC PADIO, WASHINGTON, DC	FEG (SPOUSE)	0.	\$2,950
		,	
			•
	•		

De Actor's Equity	5	IL CONCRESSIONAL	JT JANUS	VENARCE PETIRSHAT	& WEUS FARGO	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	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 totalingome during the reporting period); any deposits totaling \$5.000 or less in personal checking or savings 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.	provide only the name or the assulution routing the account and its value at the end of the reporting period. For rental or other real property held for investment.	BLOCK A Asset and/or income Source Identity (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 retirement accounts which are not self-directed, the specific the specific plans in the provide the value for each asset held in the account that exceeds the reporting thresholds.
×	×	χ	X	~	><.	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	ABCDEFGHIJKL	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."
	>	>	×	~	>	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm 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.
X	×	X.	×.	×.	\(\frac{1}{2}\)		×	X	None	Current Year Preceding Year	Amount of Income 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. 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.

SCHEDULE III - LIABILITIES

Name GLENN IVEY

Page 4 of 5

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, 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 sib-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

ı		1	T	,	_	
						SP, JT,
				NONE	Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred mo/year
				•	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					100	\$15,001— \$50,000
					×	\$100.001
						\$250,000 D Amount of Liab
						\$5,000,001— ±
						Over \$50,000,000
•				7		

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

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

and positions solety of an individiary reading.	iawie.
Position	Name of Organization
DIRECTOR	FIGHT CRIME INVEST IN KIDS
PARTNER	VENABLE LLP
BONED MEMBER	D.C BAR ASSOCIATION

"SCHEDULE V — AGREEMENTS

Page 5 of 5

Name

Date	Parties To	Terms of Agreement
Vested 2010	MYSELF + STATE of MARCHAND	RECIPEMENT BENEFIT RECIPEMENT BENEFIT RECIPEMENT BENEFIT RECIPEMENT BENEFIT

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

GPO: 2011

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