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PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION --excluded from this report details of such a trust benefiting you, your spouse, or dependent child? IPO-Did you purchase any shares that were allocated as a part of an Initial Public Offering? 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. \$1,000 during the reporting period? 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? 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. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you If yes, complete and attach Schedule IV. or exchange any reportable asset in a transaction exceeding Name: **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. if yes, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the **CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT** reporting period? Tepor Tepor Status Filer Matthew J. Salmon House of Representatives Annual (May 15, 2013) Member of the U.S. District: State **ANSWER EACH OF THESE QUESTIONS** 20 Amendment Yes × Yes X **ĕ** × Yes × Yes **Daytime Telephone** S Z 0 × 8 <u>8</u> Officer or Employee If yes, complete and attach Schedule IX 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. reportable travel or reimbursements for travel in the reporting IX. Did you have any reportable agreement or arrangement with an outside entity? VII. Did you, your spouse, or a dependent child receive any period (worth more than \$350 from one source)? than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees f yes, complete and attach Schedule VII. appropriate schedule attached for each "Yes" response. **Employing Office:** Each question in this part must be answered and the Termination ANSWER EACH OF THESE QUESTIONS Form A fermination Date: :23 2013 JUN -7 AH 10: 53 MINE RESOURCE CENTER SE UP REPARKOMPRIME ONLY) against anyone who files more than A \$200 penalty shall be assessed 30 days late. Exempt DELIVERED Yes Yes ¥es Yes × Yes Yes Yes

No ×

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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.

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Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education		×
Upstream Consulting Inc.	Salary	#217500 .
Upstream Consulting Irc.	Spouse Salary	na
Origam i Owl	Spouse Proprietorship	na
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SCHEDULE II --- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500
NONE			

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Opperheumentshichy Tricone	Opportuner Equity Income	401K-PAI, Custadian:	Soterna Irc. Stock	Bank of America	Wright Belman CFCLL	1st Bank of Paducah, KY Accounts	_	SP Mega Corp. Stock	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. 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.	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.	ror retust of other real property freed for investment, pro- vide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or income Source	BLOCK A
1 3	(,		×				L		None	>		spc L .	and incor	Indica year. fair m used.		
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<u></u>						L	indefinite	Ш	\$1,001 - \$15,000	0		9 8	, in Sec	in you		
		ļ.,		<u> </u>	×	L	ē		\$15,001 - \$50,000	0		聲	e va	eule Su l		
×	×	Ц.	ļ	×	<u> </u>		<u>.</u>	×	\$50,001 - \$100,000	п		* This column is for assets held solely by your spouse or dependent child.	It an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	Value of Asset	
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X	X					L			None		8	as * :	3 6 3	₽₹₺₽७		
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						×			\$5,001 - \$15,000	≤		₹ द		For assets for which Deferred" in Block C, "None" column. For all the category of incortagory appropriate box below.	3	Ď
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			<u> </u>	<u> </u>	ļ	L	<u> </u>	Щ	\$1,000,001 - \$5,000,000	×		This column is for income generated ssets held solely by your spouse enanders child	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was parend or peneered.	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends , Interest ,	-	
<u> </u>			 	 		1	<u> </u>		Over \$5,000,000	×		5 <u>\$</u>	9 3 3	T SE SE		
—				ļ		1			Spouse/DC Income over \$1,000,000*	≚						
								S (partial)	follows: (S) (partial) See below for example. P. S. S. S. F.	an asset is sold, please indicate as	If only a	,	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	indicate if the	BLOCKE

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SCHEDULE IV— TRANSACTIONS

Name Matthew J. Salmon Page 5 or B

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or reat property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental	Type of Transaction	action		ed \$200	Date (MO/DAY/YR)	>	Φ	ი 🍃	Amount of	m at a		ansa	Transaction	_]	د
tial 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. *This column is for assets solely held by your spouse or dependent child.	SALE	EXCHANG		Check Box Gain Excee	Quarterly, Monthly, or Bi-weekly, if applicable	\$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- \$25,000,000	\$25,000,001-	\$50,000,000
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SP Example: Mega Corporation Common Stock (partial sale)	×	+	\dagger		10-12-12	L	×		L						┺
Sotematro	×			×	9/30/12				×						
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SCHEDULE V— LIABILITIES

Name Matthew J. Salmon

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close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

		Date			•	A	A				Amount of Liability	Amount of Liability	Amount of Liability
J DC SP,	Creditor	Liability Incurred Mo/Year		Type of Liability	\$10,001- \$15,000	\$10,001- \$15,000 \$15,001- \$50,000	\$10,001- \$15,000 \$ \$15,001- \$50,000 \$ \$50,001- \$100,000 \$	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,000- \$500,001- \$500,001-	\$10,001- \$15,000 \$ \$15,001- \$50,000 \$ \$50,001- \$100,000 \$ \$250,000 \$ \$250,001- \$500,001- \$1,000,000 \$	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000- \$5,000,000- \$5,000,000- \$5,000,000-	\$10,001- \$15,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,001- \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001-
	Example: First Bank of Wilmington, DE	May 1998	≤	Mortgage on 123 Main St., Dover, DE	ortgage on 123 Main St., Dover, DE	ortgage on 123 Main St., Dover, DE		ortgage on 123 Main St., Dover, DE X					
74	(Chase Bank	ग/।का	Mor	7/1997 Mortgage: 2737 E Nancest	large 2737 E Namest	large: 2737 E Nancest	lange 2737 E Nancest		large: 2737 E Nancest X				
JT	US Bank	12/2005	Morte	ago: Lalaside Az 85729	ago: Lalaside 12,85929	ago: Lalaside Az 85929	ago: Laluside Az 85929						
JT	Chibank	2003 HELDC	击	ibc	ic	icc		icc ×					

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 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.

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
	N/A New member January 2013	

Name Matthew J. Salmon

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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 or were paid by you and reimbursed by the sponsor.

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
-	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
<u> </u>						
NONE						
New Member January 2013						

SCHEDULE VIII—POSITIONS

Name Matthew J. Salmon

Page B of B

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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-

Position	Name of Organization
Director	Passport Btash
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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
	None	