Yes No X		sactions, or liabilities of a spouse or dependent ( rith the Committee on Ethics.	3" income, trans rst consulted wi	<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.
Yes No		l certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chik	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exce excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No X			ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
ESTIONS	F THESE QUI	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the es" response.	must be answe	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response		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 No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<u>8</u>	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.
Yes No		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.	<b>₹</b>	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.
Yes No X	් ර	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.	<b>№</b>	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.
Yes No 🔀	ci	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 X	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.  Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty against anyone against late.	r Employing Office: e Termination Date:	Officer or Employee	Status Member of the U.S. State: 13  Report Annual (May 15, 2013)  State: 13  Amendment
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2313 GAY 15 RN 9:27	2010 to	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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#### SCHEDULE I—EARNED INCOME

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. 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: willianty bay (south as manuful south of these we bay), teasian territoring broglams, and perternal	received dilider the Oocial Oeci	dilly Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	egislative Pension	\$9,000
	Spouse Speech	\$1,000
	Spouse Salary	NA
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Page 3 of 10

# 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
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
	Article	Aug. 13, 2012	\$500
NONE			

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MICRO SOFT COM	M COM	NITEL COM	HEWLETT PAKEMED COM	CISCO COM	Apose Com	1st Bank of Paducah, KY Accounts	Simon & Schuster	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 locaness, the nature of its activities, and its geographic locaness.	For rental or other real property held for investment, provide 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
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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### SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Ξ 8 SP STEPHNE NC TAX-FREE SCELLAR CAP OFFICE TWATES FOR MINSTON CO. BOND 3-1-17 HARDING LOEVINED INTLIFU HARBA CONOS INT'L CUNT GROMINISKHS GROWNH FUND MY DUVE PICKLE COM MELLENBURG (0. SOND 2-1-13 bull-bed (o. Bond Asset and/or Income Source MEST UTIEMS BANK JAMINIO CO. BOND TRST CITIZENS BANK NU belin kov king saka-ch AVELEOS MORCHN CHASE COXX DITCH SHEW FUNDS MU-CAP VALLA (O. BOND CAPE SAS COM BLOCK A COX 41-12 4/1/18 シンシ 3/1/18 5 ➣ None σ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B imes imes imes\$100,001 -- \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>\_</u> \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 — \$50,000,000 \_ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** RENT of Income BLOCK C Type INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Name ( + O P C E TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) \$1 - \$200 = ≡ Amount of Income \$201 - \$1,000 7 imes imes\$1,001 - \$2,500 H010109 < BLOCK D \$2,501 -- \$5,000 <u>≤</u> \$5,001 - \$15,000 <u>≦</u> \$15,001 ~ \$50,000 \$50,001 - \$100,000  $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × × Over \$5,000,000 Page 6 of 10 Spouse/DC Income over \$1,000,000\* Transaction BLOCK E σ, Q m

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name (SEDEGE HOWNING Page 7 of 1)

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		Income or Farm Income)			١				ļ									11	Ì
	-1	None -				Ţ		X			X			×	X		7	T	
	=	\$1 - \$200 =				×		1			_		$\Box$				1	T	Ī
An	=	\$201 ~ \$1,000					T	7		$\prod$			П				П	T	T
101	<	\$1,001 - \$2,500		×	]					$\Pi$			П				$\exists I$	T	T
BL:	<	\$2,501 - \$5,000	X		×		$\prod$											T	1
BLOCK D  Amount of Income	_ ≤	\$5,001 - \$15,000					П	"		$\Pi$	7		П					1	T
<b>5</b> 0	XI IIIV IIV	\$15,001 - \$50,000							T	$\Pi^{-}$	$\neg$		$\prod$					$\prod$	T
<u> </u>	<u> </u>	\$50,001 - \$100,000					П			$\Pi^{-}$	$\neg$		П					T	
ne	⋝	\$100,001 - \$1,000,000			]					$\prod$	7		$\prod$			77		1	1
	×						$\prod$		Ι									$\prod$	T
	×															Ţ		$\prod$	
	·≚	Spouse/DC Income over \$1,000,000*																$\prod$	
BLOCK E	,	ர. வூ ரா																	

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#### SCHEDULE V— LIABILITIES

Name GEORGE / FOLIDING Page 8 of 10

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 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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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

•				JT DC,
VisA	FIRST	7888	Example:	
	FIRST CITIANS BANK		First Bank of Wilmington, DE	Creditor
The Jow	50 207	Jan Jos	May 1998	Date Liability Incurred Mo/Year
	SOF 2007 HELDL / FOR ENOX ROAD	JAN 7005 MORIGANG ON 1705 LNOX RO	Mortgage on 123 Main St., Dover, DE	Type of Liability
				\$10,001- \$15,000
×				\$15,001- \$50,000
		ļ,		\$50,001- \$100,000
			×	\$100,001- \$250,000
		<b>×</b>		\$250,001- \$500,000 m
	×			\$250,001- \$500,000 m \$500,001- \$1,000,001- \$5,000,000 G
				\$5,000,001- \$25,000,000- \$25,000,001-
				\$50,000,000 - Over
				\$50,000,000 <b>Spouse/DC</b> Liability
	<u>L</u>			Over \$1,000,000*

#### 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.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 			_	
	, 0	Movie	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

Name
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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

Source Date(s) City of Departure—Destination—City of Return	Mar. 2	Roycroft Corporation Aug. 6-11 DC—Los Angeles—Cleveland	1 I All								
Date(s)	Mar. 2	4ug. 6–11									
City of Departure—Destination— City of Return											
Lodging? (Y/N)	Z	Υ									
Food? (Y/N)		Y									
Was a Family Member Included? (Y/N)	Z	Y									
Number of days not at sponsor's expense	None	2 Days				5 5 5 5 5					

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Name GEORGE HOUSING

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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-

	PARTNER	PRETNET	Position
	BOYVE INVESTMENT GROUP - WHICH WICH SHANDWHICH SHOP FRANCIPS-	CAPE FEAR LLD - FAMILY BUTH ESTATE - UNDEVEROPUD LAND	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

 	 				_
		e per de la company de la comp		Date	
			Mone June	Parties To	
				Terms of Agreement	