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× ×	Yes	child because	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
No X	Yes	closed. Have you	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepte excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	QUESTION	FTHESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
I the onse.	וswered and Yes" resp." ו	must be an ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes
No X	Yes	arrangement wit	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No.	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.
No X	te Yes	or before the dat	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.	S	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.
No K	Yes	receive any n the reporting		No No	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.
No X	Yes	l receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _o	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 If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
more than	against anyone who files more than 30 days late.	against anyo 30 days late.	Termination Date:	Employee	Report Annual (May 16, 2011) Amendment
assessed	A \$200 penalty shall be assessed	A \$200 per	r Employing Office:	Officer or	Member of the U.S. State:
· MC	2011 JUN 14 AM 11: 40 OFFICE OF PET OF SENTANCES U.S. HOUSE DE PET OF SENTANCES	2011 JUN 1	Daytime Telephone: ユロューンコゲーSをル	Daytime 1	Name: DOC HASTINGS
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RED	HAND DELIVERED	ICNAH	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name
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Page 2 of 4

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.

SCHEDULE I—EARNED INCOME

							STATE OF WASHINGTON - PENSION	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source
								Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
							732975	NA	\$1,000	\$9,000	\$6,000	Amount

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AMERICAN WEST - DEPOSIT	CAPITAL ONE - DEPOSIT	C)	YAKIMA FEDERAL - DEPOSIT	TRUST / PETERGEN-HASTINGS	COLUMBIA BASIN PARE & SURDLY	1st Bank of Paducah, KY Accounts	•	SP Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. 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 chose, 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.	Asset and/or Income Source 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 "unearmed" 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, provide only
									None >	
				ļ		_	₹		\$1 - \$1,000	Indicate reporting method please splease splease splease splease splease splease spear and year and ye
×	×	×	ļ	ļ	ļ	<u> </u>	Indefinite	ļ	\$1,001 - \$15,000	ing ite ite seems ing seems ing seems ing seems ind control in seems in see
			<u> </u>	ļ	ļ		क		\$15,001 - \$50,000	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."
			<u> × </u>			L		×	\$50,001 - \$100,000 m	BLOCK B Value of Asset a alue of asset a rear. If you use a rear than fair ma cify the method u was sold during th s included only income, the value
			ļ	ļ		×			\$100,001 - \$250,000	BLOCK B ue of Asset of asset at close If you use a valuat than fair market val the method used. sold during the report cluded only because me, the value should
			<u> </u>			_			\$250,001 – \$500,000 °	ASSOUL CONTRACTOR OF A CONTRAC
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			ļ	-		-	-		EXCEPTED/BLIND TRUST	S the strict in
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of 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.
				×					None -	you as the church was
×	X	×	×	<u> </u>		L	_		\$1 - \$200 =	Amount of Inco Amount accounts that you to choose specific inv that generate tax-deferred in as 401(k) plans or IRAs), yo the "None" column. For all of indicate the category of checking the appropriate Dividends, interest, and co even if reinvested, must b as income. Check "None" was earned or generated.
<u> </u>			<u> </u>	<u> </u>	<u> </u>	L	_	<u> </u>	\$201 - \$1,000 =	Al character in the cha
		ļ	ļ ·					×	\$1,001 - \$2,500 <	BLOCK D Amount of Income ment accounts that do n choose specific investm erate tax-deferred incom plans or IRAs), you ma e" column. For all other the category of inco the appropriate box ds, Interest, and capita reinvested, must be dis me. Check "None" if no ned or generated.
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			L			×			\$5,001 - \$15,000 ≤	BLOCK D Int of Ir accounts the specific ax-deferred or IRAs), and appropriately appropriately appropriately, musted,
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				ļ -	1				\$1,000,001 - \$5,000,000 ×	Amount of Income 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.
<u> </u>					<u> </u>				Over \$5,000,000 ≚	ゅほ。ゅぇ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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HEDULE III—ASSETS AND "UNEARNED" INCOME ntinuation Sheet (if needed)	"UNEARNED" INCOME	Name)	ic HISTINGS Pag	Page 4 of 4
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	000 <u>-</u>	UST		à 'a
3,	one (- \$1,000 1,001 - \$15,000 15,001 - \$50,000 100,001 - \$100,000 100,001 - \$250,000 100,001 - \$500,000 1,000,001 - \$5,000,000 1,000,001 - \$5,000,000 15,000,001 - \$50,000,000 15,000,001 - \$50,000,000 15,000,001 - \$50,000,000	ONE VIDENDS ENT TEREST APITAL GAINS KCEPTED/BLIND TRUST ther Type of Income opecify: e.g., artnership Income or arm Income)	201 - \$1,000 201 - \$1,000 201 - \$2,500 2,501 - \$5,000 5,001 - \$15,000 5,001 - \$100,000 60,001 - \$1,000,000 1,000,001 - \$5,000,000 ever \$5,000,000	m ģ
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	×	×	×	
SCHWAB SMAL CAP	×	X	*	
LGE CAP VALUE IT	×	*	×	
VANGUARD GROUP	×	×	×	
TOTAL ENTL ENDER	×	×	×	
TOTAL STALT TUDER	*	×	X	