-	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT	<b>-</b>	Form A For use by Members, officers, and employees	NAN 2 8 2013	§ 2013	4
·	Name: The Name: David	ime T	Davtime Telephone:	2013 FEB - 1 PM 2: 18	PH 2:	NTEF
	erry swij		eichileire.	U.S. HOUSE OF THE CLERK	ESEMTATION	IVES
	Status Member of the U.S. State: C.T. State: C.T. Status	Officer or Employee	Employing Office:	A \$200 penalty shall be assessed	rall be	ssessed
	Amendment		Termination Date:	against anyone who files more than 30 days late.	o files n	nore than
<u> </u>	PRELIMINARY INFORMATION — ANSWER EACH OF T	OF THESE	E 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  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		S S S
	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?  No lityes, complete and attach Schedule II.	豆		receive any the reporting Yes )?		<u>S</u>
	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.		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.	r before the date		Z S
<b>=</b> (0.0 =	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	夂	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.		<b>A</b>	∑ §
	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No If yes, complete and attach Schedule V.	╚	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	nust be answere	d and respo	the inse.
] m	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	FORN	- ANSWER	EACH OF THESE QUESTIONS	NOIT	, 
	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?	nics and dent child	certain other "excepted trusts" need not be disc	closed. Have you Yes		N <sub>N</sub>
	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 "yes" unless you have first consulted with the Committee on Ethics.	ne, transa sulted wi	actions, or liabilities of a spouse or dependent cith the Committee on Ethics.	child because Yes		Z 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.

7 - 3 (- 3 )		
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
yland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Legislatori Retirement System State July	Legislation lension	lension 4, 676. 55
	0	
Penn Mutual LiFe Insurance Rents		
Chandled by Mercer Trusts.)	Agents Retire	6, 571.59
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#### **BLOCK B**

more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production

Asset and/or Income Source

**BLOCK A** 

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

"None."

For rental or other real property held for investment, pro-vide a complete address.

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tion in Block A. ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalnomes and vacation homes (*unless* there was renta Exclude: Your personal residence, including second

child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. If you so choose, you may indicate that an asset rr you so choose, you may indicate that an asset or ncome source is that of your spouse (SP) or dependent

please For a

<u>S</u> SP.

> please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of Value of Asset

generated income, the value should be year and is included only because it If an asset was sold during the reporting gains, even if reinvested, must be if the asset generated no income dur-Dividends, interest, and capital (such as 401(k) plans or IRAs), you retirement accounts that do not allow ing the reporting period disclosed as income. Check "None" may check the "Tax-Deferred" column. that generate tax-deferred income you to choose specific investments or

#### Type of Income BLOCK C

Check all columns that apply.

#### Amount of Income BLOCK D

BLOCK E

earned or generated reinvested, must be disclosed as interest, and capital gains, even the appropriate box below. Dividends, cate the category of income by checking Deferred" in Block C, you may check the **income.** Check "None" if no income was "None" column. For all other assets, indi-For assets for which you checked "Tax-

year. reporting \$1,000 in or exchanges (E) exceeding (P), sales (S) asset had ransaction purchases Indicate if the

by lent for Tay of For additional assets and/uneached income, use next page.	Certif of Deposit and	Arrowhas Credit Unia	Paid off in 2012	reachence in A.	Tenion Mtg. on	Arrow head Creaty	1st Bank of Paducah, KY Accounts	:	SP Mega Corp. Stock	an ownership interest in a privately-held business is not publicly traded, state the name of the business is not publicly traded, state the name of the busines, the nature of its activities, and its geographic locan in Block A.  In Block A
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xt				<u> </u>		├		-		\$500,001 - \$1,000,000
bag			12							\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000
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		7	ST.	,				<del>                                     </del>		Over \$50,000,000
					ļ <u> </u>					NONE
							1	┢	×	DIVIDENDS
							×	<del>                                     </del>		RENT
	$\mathbf{x}$									INTEREST
									×	CAPITAL GAINS
						<u> </u>				EXCEPTED/BLIND TRUST
										TAX-DEFERRED
								Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
					,,,					None
	•						<u> </u>			\$1 – \$200
	<u>&gt;</u>					<u> </u>	<u> </u>			\$201 - \$1,000
						ļ			×	\$1,001 - \$2,500
						<u> </u>				\$2,501 - \$5,000
						<u> </u>	×			\$5,001 - \$15,000
										\$15,001 – \$50,000
						<del> </del>				\$50,001 - \$100,000
								×		\$100,001 - \$1,000,000
						<u> </u>			$\vdash$	\$1,000,001 – \$5,000,000
						<u> </u> 	-	Н	S	Over \$5,000,000
									ે (partial)	sold, please indicate as follows: (S) (partial) See below for example.  P, S, E
				_			_	_	_	

<b>S</b> C <b>C C C C C C C C C </b>	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name	erry hewis page #	• # of <u>S</u>
	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
SP,	•	ے 00			σ, w
JT DC,		ne - \$1,000 001 - \$15,000 5,001 - \$50,000 0,001 - \$100,000 00,001 - \$250,000 00,001 - \$500,000 00,001 - \$5,000,000 000,001 - \$5,000,000 000,001 - \$5,000,000 000,001 - \$50,000,000 65,000,001 - \$50,000,000 er \$50,000,000	NE //IDENDS NT FEREST PITAL GAINS CEPTED/BLIND TRUS X-DEFERRED ner Type of Income secify: e.g., rtnership Income or rm Income)	ne - \$200 01 - \$1,000 001 - \$2,500 501 - \$5,000 001 - \$15,000 5,001 - \$50,000 0,001 - \$100,000 0,001 - \$1,000,000 000,001 - \$5,000,000 er \$5,000,000	шñ
	Chas. Schwab FRA	<b>X</b>	Distribution	×	
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	Credit union	×	>	<b>X</b>	
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## SCHEDULE V— LIABILITIES

Name Jerry Lewis Page 5 or

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 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 mortgages on personal residences.

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JT, DC, SP,		
Example:		
Creditor Incurred May 1998  Herowhand Creditor May 1998  Herowhand Credit Linian 64-65		
May 1998	Date	
Mortgage on 123 Main St., Dover, DE  Mortgage on 123 Main St., Dover, DE		
\$10,001- \$15,000		l
\$50,000		
\$50,001- \$100,000 \$100,001-		
× \$250,000		
\$500,000 \$500,001-		
\$1,000,000	Amount of Liability	
\$5,000,000	<b>-</b>	
	4	1
\$25,000,000 \$25,000,001- \$50,000,000	-	I

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

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
Nonz		
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