₹   <b>₹</b>	Yes	מווני ממנימים	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rst consulted w	ss you have fi	answer "yes" unle	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on E	et all three i	they me
₹   <b>Q</b>	Yes	child because	ertain other "excepte	on Ethics and dependent chil	he Committee ur spouse, or	usts" approved by the benefiting you, you	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—Details red from this re	TRUSTS
S	UESTION	EACH OF THESE QUESTIONS	— ANSWER	TINFORM	)R TRUS	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEI	NOISU	EXCL
the onse.	wered and 'Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	_ 	Yes	ave any reportable   period?	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.	ou, your spor more than \$ complete an	V. Did yo liability ( <b>If yes, c</b>
S	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	Š	Yes	purchase, sell, ion exceeding	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.	ou, your spange any rel during the re	IV. Did yor excha \$1,000
3	Yes	or before the date	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.	 □	es S	eceive "unearned" d or hold any end of the 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? If yes, complete and attach Schedule III.	ou, your spoor of more than the asset wor complete an	III. Did y income reportat <b>If yes, c</b>
<u>\$</u>	Yes	d receive any n the reporting ∍)?		<u>\$</u>	Yes	nation to charity in rarticle in the	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.	II. Did any individua lieu of paying you for reporting period? If yes, complete ar	II. Did a lieu of p reportin <b>If yes, c</b>
S S	Yes	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 \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	N <sub>S</sub>	Yes	e (e.g., salaries or eporting period?	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.	วน or your sp \$200 or mo <b>&gt;omplete ar</b>	I. Did yo fees) of If yes, o
			E QUESTIONS	OF THESE	EACH	— ANSWER	PRELIMINARY INFORMATION	MINAR	PRELI
noie man	le who mes i	30 days late.	Termination Date:		Amendment	A	Annual (May 15, 2012)		Report Type
assessed	\$200 penalty shall be assessed	A \$200 penal	Employing Office:	Officer or Employee		State:	Member of the U.S. House of Representatives	ns St	Filer Status
tys	2013 JAN 31 PM 1: 49  OFFICE OF THE CLERK U.S. HOUSE OFFICE SEARCH TATIVES FI	2013 JAN Gringe U.S. House Off	Daytime Telephone:	Daytime T	\$	- Gouver	Dennis J.		Name:
	ND DELIVERE	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	TIVES	SE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FO HOTE	UNITED STATES	CALE

## Name DENNIS J. FUCIURA

Page 2\_of

# SCHEDULE I—EARNED INCOME

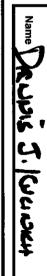
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income 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.

		- 377		
	Source	rce	Туре	Amount
Keene State			Approved Teaching Fee	\$6,000
_			Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	(Oct. 2nd)		Spouse Speech	\$1,000
Ontario County Board of Education	of Education		Spouse Salary	NA.
PHYSICHUS	COMMITTEE	PHYSICAN'S COMMITTEE FOR RESPONSIBLE MEDIC	MEDICIUR SPOUSE SHAW	ZA
ORGANI C	ORGANIC SURLIT			
	!			
	: :			

	10.0	_	100	1	Τ.		_							_
£	¥		7		크	Ŗ	SP,	Excl hom inco ing according Savi Savi polea:	vide that	walu the	Provinct: For For plan plan the inve	the mor		
1) JAMANIKO MATRAMITI DE	H50C	carb fix . crubic what	THEO FEO SAVING . LOW	American continues	1st Bank of Paducah, KY Accounts	Examples: 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.	roll entands of other real pupority real of 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 locations.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	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 retire-	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
			}					None		Α	£88∓	고 a e z		
	<	1		5	L	l d		\$1 – \$1,000		8	If 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.		
			5			Indefinite		\$1,001 - \$15,000		C	asse and ate	ate ting od o		
			ļ	ļ		g.		\$15,001 - \$50,000		0	l ind	value year. other to becify t	<	
					L		×	\$50,001 - \$100,000		т	as sold during the reporting included only because it come, the value should be	ar. de fy t	Value of Asset	$_{m}$
					×	<u> </u>		\$100,001 - \$250,000		П	old lude le, t	e n	o O	Ď.
	ļ			ļ	<b> </b>	_		\$250,001 - \$500,000		മ	duri ed c	assi bu u fair	Ä	BLOCK B
<b>-</b>	-	-	<u> </u>	1	1	-	-	\$500,001 - \$1,000,000		I	ng t ynly valu	of asset at close of If you use a valuation than fair market value, he method used.	3Se	
<u> </u>	-	-	<del> </del>	<u> </u>	┡		<u> </u>	\$1,000,001 - \$5,000,000			her be est	at o a v arke	_	
		-	-	<u> </u>	╄		<u> </u>	\$5,000,001 - \$25,000,000		<u> </u>	noul cau	cios Valu		
	ļ <u>.</u>	ļ	-	ļ	┡	-	-	\$25,000,001 - \$50,000,000			ortin Se Id b	atio alue		
		ļ	<u> </u>		<b>↓</b> _		_	Over \$50,000,000			e ≓Ω	<u>,                                    </u>		
	5	-		<u> </u>	╄	-		NONE			ma gail if the	tha (su	?	
-		-	<u> </u>	<	<u> </u>	-	×	DIVIDENDS			may check to Dividends, gains, even disclosed a fit the asset (a fit the reporting the	check all coll retirement according to choose syou to choose state that generate (such as 401(k	-	ı
<u> </u>	1	-	_	-	<u> ×</u>	-		RENT	·		nds, nds, ever ever sset s	all shoo	₹	- }
	<del> </del>		5	<del> </del>	╂		L	INTEREST			may check the "lax-Dete Dividends, interest, gains, even if reinvest disclosed as income. If the asset generated nuing the reporting period.	Check all columns to the testirement accounts the you to choose specific you to choose tax-de that generate tax-de (such as 401(k) plans (such as 401(k) plans	. <b>B</b>	₪
	ļ <u>.</u>	_		<del>                                     </del>	┢	╌	×	CAPITAL GAINS		<del></del>	interest, interest, if reinve; if reinve; s income, penerated in	mns unts peci tax-	으	8
		-		-	╀	-	<del> </del>	EXCEPTED/BLIND TRUST			L d - " % " "	iffic in defe		BLOCK C
		SAVEVES	CHOTONAL C			Royalties		TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or I	Farm Income)		may check the "lax-Deferred" 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.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you	Type of Income	
	5							None		-	reii inc ear	De Northe	1	
	1		5	1	1	<u> </u>	<u> </u>	\$1 - \$200		=	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	For assets for which you checked "lax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. <b>Dividends</b> ,		
				<u> </u>	lacksquare			\$201 - \$1,000		_ ≡	sted sted sted org	oropi e call	>	- 1
	<u> </u>				1	-	×	\$1,001 - \$2,500		₹	ind heck lene	nor in Blo	ᅙ	_[
	ļ				L	<u> </u>	$\sqcup$	\$2,501 - \$5,000	_	<	cap iust "No rated	Ty of Pos	₹	BLOCK D
	-	-	<u> </u>	<u> </u>	<u> ×</u>	_	<del> </del>	\$5,001 - \$15,000		≤	i ne pe	all o	으	위
	1	<del> </del>	-	-	-	-	-	\$15,001 - \$50,000		<u> </u>		ther ome	ğ	
	1			-	╀		<u>i </u>	\$50,001 - \$100,000 \$100,001 - \$1,000,000		IIIV	ins,	ay c ass by c	Amount of Income	
	-	-	ļ <u>.</u>		$\vdash$	×		\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000		- <del>X</del>	gains, even if disclosed as no income was	theclinets, chec	Ф	
<del>                                     </del>	<del> </del>	-		-	╀	_	-	\$1,000,001 - \$5,000,000		×	an i	k thax indi king king	1	- [
<b></b>	<del>                                     </del>	-		ľ	╀	_		Over \$5,000,000		×				۲
					į		S (partial)	ple.  S,  E	sold, please indicate as follows: (S) (partial) See below	If only a portion of an asset is	\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Iransaction Indicate if the	BLOCK E

### SCHEDULE V— LIABILITIES



Page 4 of

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 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 mortgages on personal residences.

37	75	77		SP, DC, JT	
CAR	Capi.	NHI	Example:		
chapit upon mon how Oct 201	CARDIT UNION MAT. 1950.	THIND-TEDEUN SHVICTH-LONG SAME BOOK OC HOME	First Bank of Wilmington, DE	Creditor	
0470	<u>ک</u> ہے	242	May 1998	Date Liability Incurred Mo/Year	
Cheoir, DC Assintage	NOW TOO MONT. POC. FIJ DC 1855	HOME ROUTY HAR COST	Mortgage on 123 Main St., Dover, DE	Type of Liability	
				\$10,001- \$15,000	
<u> </u>			_	\$15,001- \$50,000	
	-	1	<u></u>	\$50,001- \$100,000	
	<		×	\$250,000 \$250,001-	
			_	\$500,000 "" 5 \$500,001- \$1,000,000 " 5	
				\$1,000,001- \$5,000,000	
				\$5,000,001- \$25,000,000 <b>±</b>	
				\$25,000,001- \$50,000,000	
				Over \$50,000,000 <b>~</b>	

#### 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

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

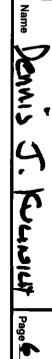
# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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	Lodging? (Y/N)	Food?	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
Examples.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	~	~	Υ	2 Days
55	SOCIAL SECULITY WORKS	Z:12:1h	DC- SCATTLE -00	2	7	z	Short
<b>&gt;</b>	Amelia chivasity in both	3716.	DC-DUM. BC	*	~	٤	NOK
>	Americal flow Barries	11/9/9 -2/4/9	DC-14-0C	z	~	~	Jrak
	NA bater tros	6/3/12-	DC- 24C-DC	2	2	2	Srav
:							
:							

## **SCHEDULE VIII—POSITIONS**



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-

			Position
			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

		87012		Date
		KEYPLER		
		KEPPLER SPEARIOU MUSICY	•	Parties To
		Meducy		
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	REPRESENTATION	•	
		INTION FOR PUBLIC SPECKES IN 2013	•	Terms of Agreement
		CA CT SOMESTA		
		14	<u> </u>	