because Yes No No	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ed. Have you Yes No No	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 "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
HESE QUESTIONS	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part mus appropriate schedule attached t	N _S	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.
ngement with Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	∑	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.
fore the date 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.	S _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.
eive any reporting Yes No No		<u>\$</u>	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.
ting more Yes No	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.		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
	E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
against anyone who files more than 30 days late.	Termination Date:	Employee	Report Annual (May 16, 2011) Amendment
A \$200 penalty shall be assessed	Employing Office:	Officer or	Member of the U.S.
U.S. HÖDSE(Office Use Only)			
2011 SEP 21 FII 12: 07	ルス・367-7350 Daytime Telephone: 201-225-5635	Daytime 1	Name: Jerro ld Lewis Wadler
HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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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.

Source Country by (coor or remove sense)	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech Spouse Salary	\$1,000 NA
New York State Employee Retrievent System	Pension	19 903
New York City Fundance Retirement System	Soouse Pension	N/A
	l	•
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W

Identify (a) each asset held for investment or production of income with a fair markst value exceeding \$1,000 at the end of the reporting period, and (b) any other Asset and/or income Source BLOCK A

Provide complete names of stocks and mutual funds (do For **all IRAs** and other retirement plans (such as 401(k) plans) that are self-directed (*i.e.*, plans in which you have not use ticker symbols.) more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated

ment value the no DSBALLI

For re

homes income income ing \$2 accountry, Saving For all that is ness, tion in

incom child (option

For a please

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Value of Asset

BLOCK B

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

year and is included only because it generated income, the value should be If an asset was sold during the reporting

retirement accounts that do not allow Check all columns that apply. For

disclosed as income. Check "None" Dividends, interest, and capital gains, even if reinvested, must be (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments or may check the "None" column.

Type of Income BLOCK C

even if reinvested, must be disclosed #e as indicate the category of income by tha For Dividends, interest, and capital gains, checking the appropriate box below.

> exceeding exchanges (E)

ns) that are self-directed (i.e., plans in which you have by that are self-directed (i.e., plans in which you have power, even it not exercised, to select the specific stiments), provide the value for each asset held in the ount that exceeds the reporting thresholds. For retire-	generated income, the value should be "None."	erat	8	inα	me,	±	Ya	lue	sho	듑	be	= = 0.	Type the	OSSEN ASSI	disclosed as income. If the asset generated ning the reporting period.	ing	Peri e e	disclosed as income. Check "None" if the asset generated no income during the reporting period.	was was	s ea	even if reinvested, musi as income. Check "None was earned or generated.	. ଫୁ	9 e	rate	je je je	, 3 2		even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	- 0	\$1,000 in reporting year.
nt accounts which are not self-directed, provide only name of the institution holding the account and its the end of the reporting period.	В	0	0	m	TI	6	I	_	٠.	~	_								-	=	=	₹	<	≦	≦ .	IIIA	×	×	<u>×</u>	If only a
rental or other real property held for investment, pro-		·		•														come)											T 00 7	asset is sold,
an ownership interest in a privately-held business is not publicly traded, state the name of the busis, the nature of its activities, and its geographic locain Block A.		_		<u> </u>		-		-,, · · · · -,						····				or Farm Inco			<u>.</u>								n -	as follows: (S) (partial)
lude: Your personal residence, including second nes and vacation homes (<i>unless</i> there was rental me during the reporting period); any deposits total-\$5,000 or less in a personal checking or saving counts; and any financial interest in, or income derived on, a federal retirement program, including the Thriftings Plan.		000							\$25,000,000	- \$50,000,000						NS	LIND TRUST	Income Partnership Income o										\$5,000,000		See below for example.
ou so choose, you may indicate that an asset or me source is that of your spouse (SP) or dependent d (DC), or is jointly held with your spouse (JT), in the onal column on the far left.	lone I - \$1,000	1,001 – \$15		15,001 \$5 60,001 \$1	100,001 – \$1	250,001 – \$	500,001 - \$,000,001 –	,	25,000,001	ver \$50,000	ONE	VIDENDS	ENT	TEREST	APITAL GA		ther Type o	one	1 ~ \$200	<u> 201 – \$1,00</u>	1,001 – \$2,	2,501 – \$5,0	5,001 - \$15	15,001 - \$5	50,001 - \$1	100,001 - \$		ver \$5,000,	m S
SP Mega Corp. Stock		\vdash	 	×									×			×				1		~						\vdash		S (partial)
T "	=	E.	Indefinite										П					Royalties		L		-		-			×	-		
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SCHEDULE V— LIABILITIES

Name Jerrold Lewis Nadler Page 4 ot

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.

Creditor Date Liability Date Liability Date Liability Date Liability Date D.C. Date F. G. H. 1 J.
Creditor Date Liability
Nortgage on 123 Main St., Dover, DE
X \$10,001- X \$15,000 X \$15,000 X \$15,000 X \$50,000 X \$100,000 X \$100,000 X \$250,000 X \$250,000 X \$1,000,000 X \$1,000,000 X \$5,000,000 X \$25,000,000 X \$25,
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\$5,000,000 \$5,000,000 T \$25,000,001 S \$50,000,000 O
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Over

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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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 Standards)	\$345

SCHEDULE VIII—POSITIONS

Name Terrold Lewis Nadler Page 5 of 5

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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Lations), and positions solely of an inches in the	OIDIGIT TIMESTO.
Position	Name of Organization
National Vice President	Bypai Zion Foundation (uncompensated)
Chair	East of Hudson Rail Freight Task Force (uncompensated)
Member , NY Bound of Directors	tows Anti Defanation league (uncompensated)

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. 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

Ī	Date	Parties To	Terms of Agreement
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