

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

**FORM A**  
For use by Members, officers, and employees

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**HAND DELIVERED**

Eni F. H. Faleomavaega

(Full Name)

(Daytime Telephone)

2013 MAR 13 10:11:45

(Office Use Only)

*MC*

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: AS District: 1	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE 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? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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
<p>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.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p>	<p>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.</p>	<p>For assets for which you checked "Tax-Deferred" in Block C, 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.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	1.0 AMERIPRISE TRUST-IRA: Columbia Inc Opps-A (AIOAX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P (reinvests)
JT	2.0 Residential rental property: Henderson, NV	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
SP	3.0 Ameriprise Cash	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	4.0 RIVERSOURCE RETIREMENT ADVISOR VARIABLE ANNUITY:	Details Follow:	N/A	N/A	P (systematic)
SP	4.1 Invesco Global Health II	\$1,001 - \$15,000	None	NONE	
SP	4.2 MFS Utilities Svc Cl	\$1,001 - \$15,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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SP	4.3 COL VP Global Bnd CI3	\$1,001 - \$15,000	None	NONE	
SP	4.4 COL High Yield Bnd CI3	\$1,001 - \$15,000	None	NONE	
SP	4.5 COL Global Infl Prot CI3	\$1,001 - \$15,000	None	NONE	
SP	4.6 COL VP Divdnd Opp CI3 (formerly COL VP Div Eq Inc CI3)	\$1,001 - \$15,000	None	NONE	
SP	5.0 RIVERSOURCE RETIREMENT ADVISOR ADVANTAGE PLUS VARIABLE ANNUITY:	Details Follow:	N/A	N/A	
SP	5.1 Invesco Global Health II	\$15,001 - \$50,000	None	NONE	
SP	5.2 MFS Utilities Svc CI	\$15,001 - \$50,000	None	NONE	
SP	5.3 COL VP Global Bnd CI3	\$15,001 - \$50,000	None	NONE	
SP	5.4 COL High Yield Bnd CI3	\$15,001 - \$50,000	None	NONE	
SP	5.5 VP BIKRk GI Inf Pr 3 (formerly COL Global Infl Prot CI3)	\$15,001 - \$50,000	None	NONE	
SP	5.6 COL VP Divdnd Opp CI3 (formerly COL VP Div Eq Inc CI3)	\$15,001 - \$50,000	None	NONE	
SP	6.0 Capital One Bank (USA), N.A.: Money market account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	7.0 USBank, N.A.: Savings account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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SP	8.0 AMERIPRISE TRUST COMPANY - IRA:	Details Follow:	N/A	N/A	
SP	8.1 Ameriprise Insured Money Market	None	DIVIDENDS	NONE	
SP	8.2 AIM INVEESCO Energy Fund-A (IENAX)	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	8.3 Columbia Income Opps-A	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P(reinvests)
SP	8.4 John Hancock Bond-A (JHNBX)	\$1,001 - \$15,000	DIVIDENDS/CAP GAINS	\$201 - \$1,000	P(reinvests)
SP	8.5 Wells Fargo High Income-A (SHBAX)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P(reinvests)

**SCHEDULE IV - TRANSACTIONS**

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	4.0 RIVERSOURCE RETIREMENT ADVISOR VARIABLE ANNUITY: RiverSource Life Insurance	P	N/A	Monthly	\$1,001 - \$15,000
SP	8.3 AMERIPRISE TRUST COMPANY - IRA: Columbia Income Opps-A (AIOAX)	P	N/A	Monthly	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

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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 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. \*This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Congressional Federal Credit Union: VISA Card	Jan-Dec 2012	Credit card	\$10,001 - \$15,000
	USAA MasterCard	Jan-Dec 2012	Credit card	\$15,001 - \$50,000
	Nationstar Mortgage (previously Aurora Home Loans)	November 2006	Mortgage on residence, Provo, UT	\$100,001 - \$250,000
JT	Wells Fargo Bank, N.A.	December 2007	Mortgage on personal residence, Provo, UT (not rented)	\$100,001 - \$250,000
JT	Bank of America, N.A.	March 2005	Mortgage on personal residence, Alexandria, VA (not rented)	\$100,001 - \$250,000
	Dr. Jaye Khim (Annandale, VA)	September 2012	Personal loan	\$1 - \$10,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
TAIWAN (MECEA)	Feb. 17-23	DC - Taiwan - DC	Y	Y	N *	None
BAHRAIN (MECEA)	Mar. 31- Apr. 3	Salt Lake City - Bahrain	Y	Y	N	None
MALAYSIA (MECEA)	Apr. 3-13	Bahrain - Malaysia - American Samoa	Y	Y	N	None
Pacific Institute of Public Policy (PIPP)	Jun. 10-17	DC - Port Vila (Vanuatu) - DC	Y	Y	N	1 Day
Global Peace Festival Foundation	Aug. 15-20	Honolulu - Seoul, Korea - American Samoa	Y	Y	N	None
KAZAKHSTAN (MECEA)	Aug. 27- Sep. 2	Honolulu - Kazakhstan - American Samoa	Y	Y	N	None
VIETNAM (MECEA)	Dec 15-21	Pago Pao, AS - Vietnam - Salt Lake City	Y	Y	N *	None

\* See Footnotes No. 7 and No. 8

**SCHEDULE VIII - POSITIONS**

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Director	The Faleomavaega Community Service Foundation (uncompensated)



# FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Ameriprise Trust Company, 10 Ameriprise Financial Center, Minneapolis, MN 55474-9900	1.0 & 8.0 Ameriprise Trust: IRA accounts
2	Schedule III	This is a variable annuity with no owner directed management. Issuer: RiverSource Life Insurance Company, 9549 Ameriprise Financial Center, Minneapolis, MN 55474	4.0 RiverSource Retirement Adv Variable Annuity
3	Schedule III	This is a variable annuity with no owner directed management. Issuer: RiverSource Life Insurance Company, 9549 Ameriprise Financial Center, Minneapolis, MN 55474	5.0 RiverSource Retirement Adv Advantage Plus VA
4	Schedule III	Complete fund name: Columbia Funds Variable Series Trust II - VP-Blackrock Global Inflation Protected Securities Fund	4.6 & 5.6 COL VP Divdnd Opp CI3
5	Schedule IV	Systematic investment.	4.0 RiverSource Retirement Advisor VA
6	Schedule V	The member co-signed this note for his daughter on 11/06/2006.	Nationstar Mortgage
7	Schedule VII	* Member's wife traveled at her own expense.	TAIWAN (MECEA)
8	Schedule VII	* Member's wife traveled at her own expense.	VIETNAM (MECEA)
9	Schedule VIII	The Faleomavaega Community Service Foundation has limited activity.	President & Director
10	Schedule III	John Hancock Bond, and Wells Fargo High Income Funds reinvest earnings: all current year purchase amounts are below the reporting level.	8.0 Ameriprise Trust Company - IRA
11	Schedule III	Cash available from prior year was used by the custodian to pay fees.	8.1 Ameriprise Insured Money Market
12	Schedule IV	Dividends automatically reinvest when paid by the fund.	8.3 Columbia Income Opps-A

# FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
13	Schedule V	This personal loan, bearing 10 percent interest, was repaid by the member on March 15, 2013.	Dr. Jaye Khim
14	Schedule III	All dividends automatically reinvest when paid by the fund: total current year purchase amounts are below the reporting level.	1.0 Ameriprise Trust-IRA: Columbia Inc Opps-A