⊠	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	" income, tran	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 Standards of Official Conduct.
× ⊠	Yes	trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?
S	NOITSBUE	F THESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" resp	must be ans ₃d for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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.
<u>₹</u>	Yes	arrangement	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.
₹	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.	No No	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	f receive any n the reporting		₹	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.
8	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 \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	8 ⊠	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
assessed es more	Ity shall be ass one who files late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: e Termination Date: 1-2-201	Officer or Employee	Status Member of the U.S. State: TA House of Representatives District: Amendment Type Annual (May 17, 2010) Amendment
	NUNGORAL PRO	This House before the service			
CENTER 10	LEGISLATIVE RESOURCE CENTER 2011 MAR -7 PM 4: 10	2011 MA	Daytime Telephone: (570) 735-1654	Daytime 1	Name: Paul E. Kanjorski
	HAND DELIVERED		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR $20\hat{I}_0$ SINANCIAL DISCLOSURE STATEMENT

SCHEDULE III — ASSETS AND	AND "UNEARNED" INCOME	Name Pau	J.E. Kanjerski P.	Page 2 of 4
BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Indicate if the
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 peri-	Indicate value of asset at close of reporting year. If you use a valuation	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income.	asset had purchases (P).
od, and (b) any other asset or sources of income which generated more than \$200 in "unearned"	method other than fair market value, please specify the method used.	investments, you may write "NA." For all other assets including all IRAs,	sets, <i>includ</i> category of	sales (S), or
names of stocks and mutual funds (do not use	was sold during the reporting	indicate the type of income by checking the appropriate box below. Dividends and interest, even if rein-	Dividends and interest, even if reinvested, should be listed as income.	exchanges (E)
ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed	year and is included only because it generated income, the value should be	vested, should be listed as income. Check "None" if asset did not gener-	Check "None" if no income was earned or generated.	\$1,000 in
	"None."	ate any income outing calendar year.		reporting year.
provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	A B B C C C C C C C C C C C C C C C C C	ome)		
not self-directed, name the institution holding the account and its value at the end of the reporting	1	rm Inco		asset is sold,
period. For an active business that is not publicly traded, state the name of the business, the nature of the activities and its generative begains in		e or Fa		please indicate
Block A. For additional information, see the instruction booklet.		o Incom		(S) (partial)
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your shoulse or by you or your shoulse's child.	,000 ,000	ı		example.
parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.	5,000 550,000 \$100,000 \$250,000 \$500,000 \$1,000,00 - \$5,000, - \$25,000 1 - \$50,00		2,500 5,000 15,000 \$50,000 \$100,000 - \$1,000,0	, w .70
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 injently hold (TT) in the	0,001 - 0,001 - 0,001 - 0,001 - 000,001	er Type	0, 001 00,001	
optional column on the far left.	\$; \$; \$; \$; \$; \$; \$;	D R	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
SP, Mega Corp. Stock	Indefinite A	> A Royalties	×	O (parinar)
	×	×	×	
134 S. Franklin St. Willos-Rang	X	X	×	1//A
Congressional Fed. O.L.	X	·	×	N/A
SP Cross Vallou Goodit Union		×	×	N/A
IRA- Equi Woot que	X	×	×	M/A
SP ITA. Equi-Vest quarantuel		×	X	\$// A
SP IRA- Washowa Scownie	A	X	X	N/h

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BLOCK A Asset and/or Income Source		BLO Yea Value	BLOCK B Year-End Value of Asset			of B	BLOCK C Type of Income		_	BLOCK D Amount of Income	BLOCK D	Incor
	A B C	D E F	о н –) X			Γ		_	₹	< ≤	<u>≦</u>
			- \$500,000 - \$1,000,000	01 - \$5,000,000 01 - \$25,000,000 001 - \$50,000,000			ED/BLIND TRUST	pe of Income Specify)		***		
	None \$1 - \$1,00 \$1,001 - 5	\$15,001 \$50,001	\$250,001 \$500,001	\$5,000,00 \$25,000,0	Over \$50, NONE DIVIDENI	RENT INTERES	EXCEPTE	• • • • • • • • • • • • • • • • • • • •	None \$1 - \$200	\$201 - \$1, \$1,001 - \$	\$2,501 - \$ \$5,001 - \$	\$15,001
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SCHEDULE V- LIABILITIES

Name Paul E. Konjerski

Page 4 of 4

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; 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.

				JT, DC,)	
		FNB Com	Example: First Bank of Wilmington, Delaware	Creditor		
		Montgone on the interest in	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		W		\$10,001- \$15,000	8	
		X		\$15,001- \$50,000	ဂ	
				\$50,001- \$100,000	a	
			×	\$100,001- \$250,000	т	Amo
				\$250,001- \$500,000	п	unt of
				\$500,001- \$1,000,000	Ω	Amount of Liability
	ļ			\$1,000,001- \$5,000,000	I	lity
ļ <u> </u>				\$5,000,001- \$25,000,000	-	
				\$25,000,001 \$50,000,000	د.	
				Over \$50,000,000	<u></u>	

SCHEDULE VI — GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)
Mr. Fd. Mitchcoll William-burne PA	Look Pad pendius determination by Ethics Control