							•	
*	□ §	pendent child	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.	come, transa ve first consu	es" unearned" in	port any other ass ? Do not answer "y	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabil because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	because they n
₹	□	5t be	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 a dependent child?	Ethics and co	ne Committee on st benefiting you,	sts" approved by the stails of such a true	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "ex disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depende	TRUSTS—Det
Ø	QUESTIONS		ON — ANSWER EACH OF THESE	DRMATIC	TRUST INF	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPE	EXCLUSIO
	esponse.	each "Yes" r	riate schedule attached for each "Yes" response.	ne approp	swered and th	rt must be an	Each question in this part must be answered and the appropriate sched	
	₽	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did a single If yea,	₹ ĕ	ny report- period? Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III.	III. Did you, your able liability (mor if yee, complete
Š	× ×	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did with an	No No	"unearned" old any I the period? Yes	II. Did you, your spouse, or a dependent child receive "uneamed" 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 II.	II. Did you, your income of more to reportable asset if yes, complete.
₹	Y98 ▼	efore the date	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yee, complete and attach Schedule IV.	IV. Did of filling	× No[salaries or) period? Yes	 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 yee, complete and attach Schedule I. 	I. Did you or you fees) of \$200 or I
			QUESTIONS		EACH OF THESE	ÆR	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW.	PRELIMINA
	more than 30 days late.	more than 3		,	,	Employing Office:	New officer or employee	Statuts
assessed	•	A \$200 pen	Check if Amendment	Date of Election:		State: MONTAN &	Candidate for the House of Representatives	Filer
3 2	J.S. HOUSE OF REPRESENTATIVES (Office Use Only)	J.S. HOUSE OF R						
3	5 AM 10: 06	2012 MAR -5		Daytime Telephone:	Dayt		DIANE SMITH	Name: D
₹i	LEGISLATIVE RESOURCE CENTER	LEGISLATIVE R						
	·		For use by candidates and new employees	For use	6, 2012	MENI FEBRUARY 26,	d: January 1, 2011	Period covere
age 1 of 7	FEB 2 9 2012 Page 1 of 7	FEB	FORM B		ES	REPRESENTATIVES	ATES HOUSE OF	UNITED ST

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Lamo DIANE SMITH

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria) XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2)	Type Salary Director's Fee Honorarium	Amount Current Year to Filing \$6,300 \$400	unt Preceding Year \$28,450 \$3,200 \$1,000
DSMITH AND ASSOCIATES, LLC	CONSUMING FEES	20,000	169,006
NORTHFORK STEATEGIES	CONSULTING FEES		1. 610
THE NEW RURAL - COM	BOOK SALES		702
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	1	T		_	1	5	DC.	SP.	77	т т т т т т т т т т т т т т т т т т т
29 O'BRIEN AVE.	REAL ESTATE -	INTEREST INCOME	WHITEFISH CREDITUNION	WHITEKSH CREDITUNIONIRA	AVAIL-TVN	1st Bank of Paducah, KY accounts	Examples:	P, SP Mega Corp. Stock		Asset and/or Income Source Identity (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. 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 retirement accounts which are not self-directed, provide only the name of the institution holding the
		×				L			None >	
			ļ	 	-	┡	<u> </u>		\$1 - \$1,000	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
-	1	-		 	 	╀┈	nde	Н	\$1,001 – \$15,000 O \$15,001 – \$50,000 D	tion tion the value of the valu
	 		-	X	+	H	Indefinite	×	\$15,001 - \$50,000	BLOCK B Value of Asset value of asset at ting year. If you u n method other th value, please spe used. set was sold durir g year and is inclus ause it generated the value should
×		<u> </u>	×	-		×			\$100,001 - \$250,000	BLOCK B ue of As ue of assu year. If yu year. If yu year and oth a, please d. vas sold of ar and is e it gene value shu
									\$250,001 - \$500,000	of , f as r. If a sold of or r. If sold of gen are sold in gen are sold in a
									\$500,001 - \$1,000,000 I	B B set there is a should be similar to the similar through the set of the se
	1	<u> </u>	<u> </u>	<u> </u>	×	╽	_		\$1,000,001 - \$5,000,000 -	at at us at us the pec
			 	├		┡	-		\$5,000,001 - \$25,000,000	clos an far an far ded
	 		-		-	╀	⊨	Н	\$25,000,001 - \$50,000,000	— e
—			1	-	×	╀	<u> </u>	×	Over \$50,000,000 P	
		 	 	×	+	╁		Ĥ	DIVIDENDS	Type of in Type of in Check all columns to retirement accounts allow you to che investments or that investments or IRAs), you if "None" column. Divest, and capital greinvested, must as income. Check asset generated no the reporting period.
X						×			RENT	T CK & CK
	7	×							INTEREST	The column tring
					ļ <u> </u>	L	<u> </u>		CAPITAL GAINS	BLC e o olun accc to or or nn mn critical crit
		ļ		<u> </u>	4	▙			EXCEPTED/BLIND TRUST	BLOCK C e of Inco long inco or to choo or that go come (sno s), you mu sh. Divid must be Check "t ated no inu y period.
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income 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" it the asset generated no income during the reporting period.
			×			L			None –	
			1	<u> </u>	 	 	<u> </u>	Ц	\$1 - \$200 =	
L_	4.	X	 	X		-	-	Ų	\$201 - \$1,000 = \$1,001 - \$2,500 <	
*	1	-	 	 	1	┰	×	×	\$1,001 - \$2,500	For reti to choo ate tax- or IRAs For all income below. gains, closed income
	$\vdash \vdash$	 	1	 	+	t^	f	\vdash	\$5,001 - \$15,000 < 6	Amount of Income For retirement accounts that do n to choose specific investments or to choose specific investments or ate tax-deferred income (such as or IRAs), you may check the "No For all other assets, indicate the income by checking the appropriate of the composition of the
	- -		1	 	<u> </u>	t		Н	\$5,001 − \$15,000 ≤ \$15,001 − \$50,000 ≦ \$50,001 − \$100,000	iren ose oth oth a wa
			†			T			\$50,001 - \$100,000	nen nen sportern you vid
									\$100,001 - \$1,000,000 \(\overline{\times}\)	Amount (Amo
						_	_		\$1,000,001 - \$5,000,000 ×	BI COUNTY OF THE PROPERTY OF T
	<u> </u>	1	<u> </u>	<u> </u>	1	1	-	Ц	Over \$5,000,000 ≚	unts income income
	 -		1	ļ	-	▙	_	Ц	None -	BLOCK D Int of In Int of In Investme come (su check th ts, indica king the s, intere s, intere einveste einveste me. Che d or gen d
		-	-	-		\vdash	<u> </u>	J	\$1 - \$200 =	BLOCK D Armount of Income ant accounts that do not pecific investments or the find the "No ou may check the "No or assets, indicate the checking the approachecking interest, and if reinvested, mu income. Check "Nearned or generated.
<u> </u>	 	X	1	<u>×</u>	+	-	-	×	\$201 - \$1,000 ≡ 7 \$1,001 - \$2,500 ⋜	o me o me No No No Wed.
					1	×	×	Н	\$201 - \$1,000 \(\equiv \)\$1,001 - \$2,500 \(\equiv \)\$2,501 - \$5,000 \(\equiv \)\$5,001 - \$15,000 \(\equiv \)\$15,001 - \$50,000 \(\equiv \)\$	ot a ot a form
メ		1	1	 	†	1		Н	\$5,001 - \$15,000 \leq \frac{\text{\tinit}\text{\ti}\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\text{\texicl{\text{\text{\texicl{\text{\tinit\tint{\texict{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi\tinc{\tiint{\texit{\ti	illov colling sego ate call
			×						\$15,001 - \$50,000	ullow you at gener- (k) plans (k) plans (column. egory of ate box capital be dis- e" if no
									\$15,001 - \$50,000 \(\leq\) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\	0 1
ļ			1	<u> </u>	ļ <u>.</u>	 _			\$100,001 - \$1,000,000 😾	[
ļ		<u> </u>	 	 -	<u> </u>	┡		Н	\$1,000,001 – \$5,000,000 ×	Į į
1		1	ŀ	I		1	:	:	Over \$5,000,000 ≚	I

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

DIANE SMITH

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								DC JT, SP,	
	102 WASHINGTON AVE	177 take St.	433 DAKOTA AVE	1511	536 15T AVE. W.	22 SHADY LANE	220 E.15T ST.		BLOCK A Asset and/or income Source
	×	×	× ×	×	×	X	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset
	*		X	X	X	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
	×		X X	X	×	*	×	None	BLOCK D Amount of Income
				×	×	X		\$1 - \$200 = \$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$15,001 - \$50,000 \(\equiv \) \$50,001 - \$100,000 \(\equiv \) \$100,001 - \$1,000,000 \(\equiv \) \$1,000,001 - \$5,000,000 \(\equiv \) Over \$5,000,000 \(\equiv \)	come

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ture, 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 previous calendar year exceeded \$10,000.

					J D SR
	WHITEFISH CREDIT VIVION, MT	NATIONSTAP MURTUAGE, DALLAS, TX	BANK OF AMERICA SMINALEY, CA 6/2005 220 E. 15 STELET, WHITESSH	Example: First Bank of Wilmington, DE	Creditor
	H/2007	4/2006	6/2005	May 1998	Date Liability Incurred mo/year
	4/2007 102 WASHINGTON AVE, WHITEFISH, MI	4/2006 1225 BIRCH WILL DO. WHITEKEH, MT	220 E. 15 STREET, WHITESH, MT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
					\$15,001— \$50,000 w
	~	_			\$50,001— \$100,001—
	×	_	×	Ľ	\$250,000 D Amou
		×		H	\$250,000 m s250,000 m s500,000 m s1,000,000 m s1,000,001 G
				-	\$1,000,000 " a b t t t t t t t t t t t t t t t t t t
					\$5,000,001— \$25,000,000 =
				<u> </u>	\$25,000,001—_ \$50,000,000
					Over \$50,000,000

SCHEDULE IV - POSITIONS 1 - of - 2

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

alla positions solely of all notionary flature.	aure.
Position	Name of Organization
CHANCARN OF THE BOARD	F. CORP, GEORGE MASON UNIVERSITY
CHAIRMAN OF THE BOARD	ITHS CORP, GEORGE MASON UNINBESITY
PROPRIETOR	DSMITH AND ASSOCIATES
PARTNER	NORTH FORK STRATEGIES
Advisory Board Member	MOBILE FUTURE

DIANE SMITH

Name

Page U of 7

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

						SP, DC,
				WHITEFISH CREDIT UNIDY MT	Example: First Bank of Wilmington, DE	Creditor
10/2000	4/2006	10/2005	5/2005	7/2005	May 1998	Date Liability Incurred mo/year
10/2000 179 GTHANE EN, COLUMBIATAS. MT	199 6 TH AVE. EN, COLLMEN FAUS, MT	10/2005 356 15TAVE W, COLUMBAFALS, MT	5/2005 22 SHADY LANE, KAUSPEU, MT	7/2005 29 0 BRIEN AVE. WHICKEY, MT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$10,001— \$15,000
[-					\$15,001 \$50,000
				×	_	\$50,001— \$100,000
×	×	*	×		×	\$100,001— D Amou
						\$500,000 m \$
					_	\$1,000,000 T 5
	~					\$5,000,001—
					-	\$25,000,000 - \$25,000,001 \$50,000,000
					-	Over \$50,000,000

SCHEDULE IV - POSITIONS 2 - 0F - 2

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

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 a political party or campaign organization);

 Position	Name of Organization
 MEMBER	MONTANA ACADEMY OF DISTINGUISHED ENTREPRENEURS,
 DIRECTOR	FLATMEND COUNTY 911 FOUNDATION
 MEMBERL	FRONTIER FUND
 CONSULTANT	RURAL BRUADBAND ALLIANCE

SCHEDULE V — AGREEMENTS

Name DIANE SMITH Page 2 of 7

efit 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 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 ben-

Date	Parties To	Terms of Agreement
2002	VERIZON / ALLTEL / SELF	DEFINES BENEFIT PLAN BY FORMER EMPLOYER
; ;		

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. To not repeat information listed on Schedule 1

 		 		_	_	_
			SEE SCHEDULE 1	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	recognized by law. Do not repeat information listed on Schedule I.
				Accounting services	Brief Description of Duties	