통 노	child because	actions, or liabilities of a spouse or dependent child because ith the Committee on Ethics.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	EXEMPTION—Have you they meet all three tests
₹ <u>X</u>	slosed. Have you Yes	certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent child	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—Details regard excluded from this report
N X	Yes		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO—Did you purchase a
S	NSWER EACH OF THESE QUESTIONS	 <u>A</u>	T INFORM	SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE,
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part nappropriate schedule attache	s	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X If yes, complete and attach Schedule V.	V. Did you, your spouse, or a dependent c liability (more than \$10,000) during the rep if yes, complete and attach Schedule V.
N _o	urrangement with	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.	IV. Did you, your spouse, or a dependent c or exchange any reportable asset in a tran \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No	r 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.	<u>s</u>	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.	III. Did you, your spouse, or a dependent clincome of more than \$200 in the reporting reportable asset worth more than \$1,000 a lf yes, complete and attach Schedule III.
₹	receive any the reporting Yes ?	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.	₹ X	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 individual or organization make lieu of paying you for a speech, appearant reporting period? If yes, complete and attach Schedule II.
ĕ V	receive any egating more Yes	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.	S S	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 X	I. Did you or your spouse fees) of \$200 or more fro If yes, complete and att
		E QUESTIONS	OF THESE	FORMATION — ANSWER EACH OF THESE	PRELIMINARY INFORMATION
more than	against anyone who files more than 30 days late.	Termination Date:	Employee	Annual (May 15, 2013) Amendment	
assessed	A \$200 penaity shall be assessed	Employing Office:	Officer or	State: 4	K
	LS. HOUGH AT (Office Use Only)		Į	•	
ZC	2013 MAY 15 PM 3: 14 MC	Daytime Telephone:	Daytime T	Amerian (Ami) Born	Name: Amerian
Page 1 of 13	HAND Page	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES

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Page Z of 13

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.

							They are The Permanante Medical Group	Ontario County Board of Education	Examples: State of Maryland Civil War Boundfable (Oct 2nd)	Keene State	Source
						(Stayse Sclary	Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре
							e/M	NA NA	\$9,000	\$6,000	Amount

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Page 3 of 13

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

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Source	Activity	Date	Amount
	Speech	Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500
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(cos)	Sacronary	Sacramonti	(a)OX	_	Chamass	-	ZILI P Shee		Examples:	Sp	Exclude: Your personal residence, tomes and vacation homes (unless income during the reporting period); a ing \$5,000 or less in a personal cli accounts; and any financial interest in, from, a federal retirement program, it Savings Plan. If you so choose, you may indicate income source is that of your spouse child (DC), or is jointly held with your optional column on the far left. For a detailed discussion of Schedule please refer to the instruction booklet.	For an ownership interest that is not publicly traded, ness, the nature of its activition in Block A.	r rental or other real propers complete address of perty," and a city and st	For all IHAs and other retirement plans (such as plans) provide the value for each asset held account that exceeds the reporting thresholds.	Provide complete names of not use ticker symbols.)	entify (a) each asset held income with a fair mark a end of the reporting cortable asset or sources we than \$200 in "unearny	Asset and/or	вьс	HEDULE III.
Rampart Net CA	CA	B	+	+	B B	\$	43	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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. 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.	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.	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.	Hor all IHAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
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				_[ļ.			_		\$1,000,001 - \$5,000,000	×		This column is for income generated seets held solely by your spouse	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 "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 ,	W		П
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										S (partial)	(S) (partial) See below for example. P, S, E	an asset is sold, please indicate as follows:	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction Indicate if the	BLOCK E	
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SCHEDULE III— ASSETS AND "UNEARNED" INCOME

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE IV— TRANSACTIONS Page 4 of 15

									Alp	SP Example: Mega Corporation Common Stock (partial sale)	the "capital gains" box and c	tial sale"). See example below. Control Gains if a sales transaction resulted in a capital pain in excess of	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 northing of an asset is sold please so indirect it.	· 1
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Name 3 Page (On)3

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. 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

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Coldwa	Coldu	Syphony	Coldre	Coldness	Example:		
ell Danker Home Lorns	ell Dankar Home Louis	Extraga Murtica	Coldrell Briller Hone Lonn	Coldnell Paylor Hope Lorro	First Bank of Wilmington, DE	Creditor	
Ay 10	Juest	Jan 13	Q-68	John Ob	May 1998	Date Liability Incurred Mo/Year	
Coldwell Danker Ham Leans Any 10 Mertzey to 6749 Ashington	Coldwell Bunkar Home Louis June 11 Mortinger or 2642 Wel St	In 13 Martings on 811 Um ST NW	Martypy on 6337 Compart	John 06 Morkage on 2717 Feb	Mortgage on 123 Main St., Dover, DE	Type of Liability	
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						Over \$1,000,000*	

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 \$140 or less need not be added towards the \$350 disclosure threshold. 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.

Note: The gift rule (House Rule 25, clause 5) prohibit	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 Ethics)	\$375
NIA		

SCHEDULE V— LIABILITIES

Name Ami Bens

Page 11 of 13

close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 rasidance (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 during the year. Nembers are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal Haport 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

77	7	\L	×	4		SP, DC,	
Coldnell Bronzer the least	Coldwell Surfer Hone Lossy	Brink & Burea	Shire arealy who	Coldwell Bank Home 1997	Example: First Bank of Wilmington, DE	Creditor	
Ine on	Mrs. Cots	March 08	Now Zoos	Nov 20°1	May 1998	Date Liability Incurred Mo/Year	
bre on Martigle a tieto ust-	line as Martage on Lell Brasonar	March 08 Martgage in 4601 V ST-	Ny 2008 Merlegax on 1967 hale Kent	Now 2007 Martypy CA, 2101 35th St	Mortgage on 123 Main St., Dover, DE	Type of Liability	
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						\$500,001- \$1,000,000	Amount of I ishiitu
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						Spouse/DC Liability Over \$1,000,000*	

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 \$140 or less need not be added towards the \$350 disclosure threshold. Huport 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.

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

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

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Name

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? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	Y	2 Days
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SCHEDULE VIII—POSITIONS

Name Ami Bes

Page 13 of 13

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
Board Member	Storaneto Tree Foundation
Clinical Professor of Mudele	& University of Paris Scoton of Restroits.
CEO, Preside	Maned Mingerunt (mc
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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

Date	Parties To	Terms of Agreement
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