	Yes No S	dent child	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they mad all these task for exemption? Do not present these you have first consulted with the Committee on Ethics	sets, "unearned" incon	Exemptions— Have you excluded from this report any other ass	Exer
	Yes No 🗸	not be	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?	ved by the Committee letails of such a trust i	·	Trusts
	SNC	QUESTIO	ION - ANSWER EACH OF THESE O	IST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLU
)nse.	schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	If yes
	the appropriate	wered and t	Each question in this part must be answered and the appropriate	Yes No W	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. than \$
			If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	if yes
	Yes & No	with an outside	Did you have any reportable agreement or arrangement with an outside entity?	Yes □ No €	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	IV. reportation period?
			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	If yes
	Yes V No	ate of filing in th	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes ☑ No ☐ V	Did you, your spouse, or a dependent child receive "unearmed" 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?	III. more t
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If yes
<u>S</u>	of Yes No 🗸	eportable travel more than \$350	Did you, your spouse, or a dependent child receive any reportable travel or i. relimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No W VII.	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?	II. you to
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes
<u>(5)</u>	r Yes □ No ☑	eportable gift in d not otherwise	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)?	Yes 🕢 No 🖂 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?	l. Did yo
			ESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH	PRELI
	more than 30 days	more late.	Termination Date:	☐ Termination	rt e 図 Annual (May 15) ☐ Amendment	Report Type
A \$200 penalty shall be assessed against anyone who files	A \$200 penalty shall be assessed against anyone who files	A \$2 be a	Officer Or Employing Office: Employee		Member of the U.S. State: FL House of Representatives District: 8	Filer Status
DEFINE OF THE CLERI	Office Use Only)	(C	(Daytime Telephone)		(Full Name)	
2012 HAY 1 1 AM 9:	MU LEGI		202-225-2176		Daniel Webster	
		ěs	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	CALEN
	NU DEF		FORM A Page 1 of 6	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	TINU
DEI WERED						

SCHEDULE I - EARNED INCOME

SCHEDOLE I - EXVINED INCOME	Name Daniel Webster	Page 2 of 6
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.	n any source (other than the filer's current employment he source and amount of any honoraria; list only the so	it by the U.S. Government) totaling \$200 or more ource for other spouse earned income exceeding
Source	Туре	Amount
Webster Air Conditioning and Heating	Advisory fees	\$14,500

Sun America Fixed Annuity Accounts (RA, SEP)	Southern Farm Bureau Fixed Annuity (IRA)	Central Florida Credit Union Accounts	BB&T Bank Accounts	Bank of America Accounts	3400 Old Winter Garden Road, Orlando	ASSet and/or income Source dientify (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 "unearmed" 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 account and its value at the end of the reporting period. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was remai 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. Exclude: Your personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100,001 - \$250,000	BLOCK B Year-End 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 and is included only because it is generated income, the value should be "None."	E Name Daniel Webster
Tax deferred	Tax deferred	INTEREST	INTEREST	INTEREST	RENT	BLOCK C 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(t) 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.	ebster
NONE	NONE	\$1 - \$200	\$1 - \$200	\$1 - \$200	\$15,001 - \$50,000	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(t) plans or IRAs), 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.	
			,			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Page 3 of 6

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SCHEDULE III -	
ASSETS AND	
E G	
UNEARNED	
ĒD"	
NCOME	
Name	
D	

(VWELX) \$15,000
Wachovia Checking Accounts \$1,001 - None NONE \$15,000
Webster Air Conditioning and \$100,001 - None NONE Heating Inc. Stock, HVAC \$250,000 company, Orlando, FL

SCHEDULE VIII - POSITIONS

Name Daniel Webster

Page 5 of 6

educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entitles; positions solely of an honorary nature; and positions listed on Schedule I. 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

President (uncompensated)	Position	
Webster Air Conditioning and Heating, Inc.	Name of Organization	

SCHEDULE IX - AGREEMENTS

Name Daniel Webster

Page 6 of 6

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 benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Me/Florida Retirement System	I am a participant in the Florida Retirement System defined benefit retirement plan (not yet receiving benefits)