

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2012 MAY 11 PM 12:38

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

Name: Timothy H. Bishop

Daytime Telephone: (631)-289-6550

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NY</u>	District: <u>11</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	<p><b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b></p>
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:		

**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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
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 <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.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**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 ☐ No ☒

**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.

Yes ☐ No ☒

Name Timothy H. Bishop Page 2 of 5

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

[illegible]

## Page 3 of 5

[illegible]

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Timothy H. Bishop

Page

4 of 5

BLOCK A		BLOCK B													BLOCK C								BLOCK D											BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income								Amount of Income											Transaction		
SP	DC	JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
															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 - \$25,000,000																					
															\$25,000,001 - \$50,000,000																					
															Over \$50,000,000																					
															NONE																					
															DIVIDENDS																					
															RENT																					
															INTEREST																					
															CAPITAL GAINS																					
															EXCEPTED/BLIND TRUST																					
															TAX-DEFERRED																					
															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																					
															None																					
															\$1 - \$200																					
															\$201 - \$1,000																					
															\$1,001 - \$2,500																					
															\$2,501 - \$5,000																					
															\$5,001 - \$15,000																					
															\$15,001 - \$50,000																					
															\$50,001 - \$100,000																					
															\$100,001 - \$1,000,000																					
															\$1,000,001 - \$5,000,000																					
															Over \$5,000,000																					

# **SCHEDULE V— LIABILITIES**

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 (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. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001-\$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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000
ST	Wells Fargo		Mortgage on personal residence				X						

# **SCHEDULE VI— GIFTS**

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

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
NAICU	Public Service Award	\$1400-