Form A

UNITED STATES HOUSE OF REPRESENTATIVES

Yes No V		sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	" income, trans rst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No K		d certain other "excepted trusts" need not be dis	on Ethics and dependent child	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 J			ıblic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
ESTIONS)F THESE QUI	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the	must be answe	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		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 V No V		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No D	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 No			<u>8</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.
Yes No	ne 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.
Yes No Y		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.	N _o	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
30 days late.	30 days late.	Termination		Type Annual (May 15, 2013) Amendment
shall be assessed	A \$200 penalty shall be	r Employing Office:	Officer or Employee	Filer Member of the U.S. State: W13CUNS(LL) House of Representatives District: -5/X
Use Only)	C.S. A COLL OF NO. FROM Use Only)			
PH 2: 46	2013 APR 22	Davtime Telephone: カルトユスケースパン	Davtime T	Name: Thomas & France
	TO SECTION TO THE SEC	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Name
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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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
yland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
MUTRICAN COUNCIL OF TRUSTERS AND PLUMUI	Spors Sneary	₩. ♠.
REHIGHT FUNS	re Tousier	\$14,878
		,
		23%

Name T.E. PETRI

		Walley Coast, Street	U.S. Bow Stock	Vanino Samon MERFO.	Wars my gent shows Two	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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. 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.	vide a complete address or a description, e.g., remain property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description of "rental or other real property held for investment, provide a complete address or a description of "rental or other real property held for investment, provide a complete address or a description of a "rental or other retirement."	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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
×	*		×	X	X	×	Indefinite	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 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,000 \$1,000 \$1,000,000 \$1		* This column is for assets held solely by your spouse or dependent child.	and is included only because it generated income, the value should be "None."	year. If you use a valuation method other than fair market value, please specify the method used.	Indicate value of asset at close of reporting	BLOCK B	UNEARNED INCOM
		×	X	*	×			X	\$5,000,001 - \$25,000,000		ely by your	generated		_		
				× ×	×	×	Royalties	X	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.		retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	Check all columns that apply. For	BLOCK C	
		×	×	*	×	×		X	None				Deferred" in "None" colur the categor appropriate	For assets for which you checked "Tax-	BLOCK D	
				PS				S (partial)	sold, please indicate as follows: (S) (partial) See below for example. P, S, E			\$1,000 in reporting vear.	purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) HARP 2 NAMUSCO 987 by casm give りまをがわ MANITONOS CO., THEFT Mc Cam. HILL Co., Asset and/or Income Source NAMESO 107 5479011 400 gravithing Could South LUM CKOWN かんべん 755 1622 **BLOCK A** MUTUAL 2507 LONDON N5327 P572 5 3073 INFIN. BAK STRON Y) OCK 3 YYEK. かした MANAGE Approprie BAIL None ₩ \$1 - \$1,000O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset X П \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 $\overline{}$ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000* NONE 火 DIVIDENDS × RENT of Income BLOCK C XX 乂 Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership income or Farm Income) None = \$1 - \$200 X Amount of Income 人 **=** \$201 - \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 X ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ₹ \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page Spouse/DC income over \$1,000,000* 4 % 2 Fransaction BLOCK E M சு வே

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SCHEDULE IV— TRANSACTIONS

Name T. C. FETA

Page 5 of 8

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				12/31/	(2/3//	5/11/12	Shihi	12/17/12	5/11/12	5/28/1	<u>s/11/1/2</u>	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10-12-12		Check Ex Gain Bi-weekly, if applicable	ceede	M \$20	
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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 during the year. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 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

Creditor Type of Liability A B C D E F G Movear Type of Liability A B C D E F G Movear S15,000 Creditor Cred				SP, DC,	
### Amount of Liability Date Liability Color	MUTRR	HSBc	Example:		
\$10,001- \$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C \$250,000 D \$250,000 M \$500,001- \$1,000,001- \$1,000,001- \$5,000,000 T \$5,000,001- \$25,000,000 D \$25,000,000 D \$25,000,000 D	ILL Lyrch	BANK U.S.A BAFFALON	First Bank of Wilmington, DE	Creditor	
\$10,001- \$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C \$250,000 D \$250,000 M \$500,001- \$1,000,001- \$1,000,001- \$5,000,000 T \$5,000,001- \$25,000,000 C \$25,000,000 C	9/3/m	\$ 2003	May 1998	Liability fncurred Mo/Year	
\$15,000 B \$15,001- \$50,001- \$100,000 C \$250,000 D \$250,000 T \$500,000 T \$500,000 T \$500,000 T \$5,000,000 C \$5,000,000 T \$5,000,000 T \$25,000,000 T \$25,000,000 T \$25,000,000 T \$25,000,000 T \$25,000,000 T \$25,000,000 T	D LOTH SUPPLY BY STEEK	MORTONG ON 3333	Mortgage on 123 Main St., Dover, DE	Type of Liability	
\$50,000 B \$50,001- \$100,000 C \$100,001- \$250,000 M \$250,000 M \$250,000 M \$500,001- \$1,000,000 M \$5,000,000 M \$5,000 M \$					
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\$5,000,001- \$25,000,000 x \$25,000,001- \$50,000,000 - Over				\$500,000 m	nount
\$5,000,001- \$25,000,000 x \$25,000,001- \$50,000,000 - Over	<u> </u>			\$1,000,000	of Lie
\$25,000,000 ± \$25,000,001- \$50,000,000 = Over	×			\$5,000,000	bility
\$50,000,000 -	-			\$25,000,000	
\$50,000,000	-			\$50,000,000 — Over	
Spouse/DC Liability Over \$1,000,000*				\$50,000,000 Spouse/DC Liability	

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) prohibits acceptance of gifts except as specifically provided in the rule

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

Name T. C. Patz /
Page Zo

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed by the sponsor. **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 spouse or dependent child that is totally independent of his or her relationship to you

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					0.00		Accidence Fix House Roman	Roycroft Corporation		Source
							JAN .20-22	Aug. 6–11	Mar. 2	Date(s)
							D.C. FT. LAWOURLOAKIT, FM.	DC—Los Angeles—Cleveland		City of Departure—Destination— City of Return
							4	Y	z	Lodging? (Y/N)
						•	4	Υ	z	Food? (Y/N)
							N	Υ	Z	Was a Family Member included? (Y/N)
							NONG	2 Days	None	Number of days not at sponsor's expense

SCHEDULE VIII—POSITIONS

Name T. C. Fork

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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-

		TAUSTICK	MTN WY	Position	
		HERIAN CONVORSITY FOND OU LIFE, WISCONSIN	LLOGO'S UNOBRWAITHE INSURFACE RISES CONDON	Name of Organization	

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

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