<b>EXEMPTION—</b> 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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST IN	V. Did you, your spouse, or a dependent child have any reportable ilability (more than \$10,000) during the reporting period?  No  Yes	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.	III. Did you, your spouse, or a dependent child receive "unearned" yes 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.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes No reporting period?  If yes, complete and attach Schedule II.	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 No	PRELIMINARY INFORMATION — ANSWER EACH OF T	House of Representatives District: 8  Annual (May 16, 2011)  Amendment	Member of the U.S. State: MI	Name: ( ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
me, transactions, or liabilities of a spouse or dependent child because nsulted with the Committee on Ethics.	ttee on Ethics and certain other "excepted trusts" need not be dis or dependent child?	TRUST INFORMATION — ANSWER EACH O	Each quest appropriate	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.	Z	vi. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	THESE QUESTIONS		Officer or Employing Office:	Daytime Telephone: 702 225 48	Form A For use by Members, officers, and employees
t child because Yes No X	sclosed. Have you Yes No No	EACH OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response.	r arrangement with  Yes No No	or before the date  Yes No X	in the reporting Yes No X	d receive any gregating more Yes No X		against anyone who files more than 30 days late.	U.S. HOUSE OF REAL OF AN AND ALLS	P	HAND DELIVERED

Name
Ichael J Rosses
Page 1

### 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	Type Approved Teaching Fee Legislative Pension	Amount \$6,000 \$9,000
Examples: Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Agos uc	Sporke Salar	Na

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# 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.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
NA			

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK C Name BLOCK D Sec Z Page BLOCK E ሷ

#### Asset and/or Income Source BLOCK A

of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other reportable asset or sources of income which generated identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific the name of the institution holding the account and its account that exceeds the reporting thresholds. For retire-For all IRAs and other retirement plans (such as 401(k) value at the end of the reporting period. ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the

For rental or other real property held for investment, pro-vide a complete address.

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If only a

For an ownership interest in a privately-held business that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-

Exclude: Your personal residence, including second from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalaccounts; and any financial interest in, or income derived nomes and vacation homes (unless there was rental

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. If you so choose, you may indicate that an asset

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements,

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

**CAPITAL GAINS** 

\$500,001 -- \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

**EXCEPTED/BLIND TRUST** 

(Specify: e.g., Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold,

(S) (partial)

Other Type of Income

8

Examples

Simon & Schuster Mega Corp. Stock

Indefinite

×

×

Royalties

×

×

×

S

(partial)

×

1st Bank of Paducah, KY Accounts

SP

#### Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close <u>o</u>

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None

#### Type of Income

gains, even if reinvested, must be Dividends, interest, and capital (such as 401(k) plans or IRAs), you Check all columns that apply. ing the reporting period if the asset generated no income durdisclosed as income. Check "None" may check the "None" column. that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow

even if reinvested, must be disclosed was earned or generated. as income. Check "None" if no income Dividends, interest, and capital gains, checking the appropriate box below. indicate the category of income by the "None" column. For all other assets, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such you to choose specific investments

For retirement accounts that do not allow Amount of Income \$1,000 in exchanges (E) sales (S), or asset had exceeding purchases (P) Indicate if the reporting year. fransaction

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unearned income, use
income, u
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		K Acat	MARY DITTON & VISTA SALL MATINIAL PARTIES AND CONTROL OF THE PROPERTY OF THE P	A WUMAL)	Continuation Sheet (if needed)  BLOCK A  Asset and/or Income Source	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
			£ .	None >		ئنہ
				\$1 – \$1,000 <sup>50</sup>		Z
		<b>×</b>	×× ×	\$1,001 - \$15,000		E/
		$\times$		\$15,001 - \$50,000	<u> </u>	ź
			×	\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset	K
				\$100,001 - \$250,000 TI		Ö
				\$250,001 – \$500,000 ົ	BLOCK B Year-End	=
				\$500,001 - \$1,000,000 I	SS Id	S
				\$1,000,001 - \$5,000,000 -	9	ö
				\$5,000,001 - \$25,000,000 -		<u> </u>
<u></u>				\$25,000,001 - \$50,000,000 <b>^</b>		""
		<u>.          </u>		Over \$50,000,000		
		<b>×</b>		NONE		
			XXX	DIVIDENDS		
				RENT		
		<b>×</b>		INTEREST	<u>e</u> _	
				CAPITAL GAINS	BLOCK C Type incon	
				EXCEPTED/BLIND TRUST	Type incor	
				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ਰ  -	Name >
		X	×	None -	/ <i>\</i>	5
			×	\$1 - \$200 ==		2
		×	×	\$201 - \$1,000 <b>=</b>		5
				\$1,001 - \$2,500 <	BLOCK D  Amount of Income	<u> </u>
			<b> </b>	\$2,501 – \$5,000 <	3 2 1	
				\$5,001 − \$15,000 ≤	BLOCK D	一
				\$15,001 <b>-</b> \$50,000 <b>\leq</b>	₹°IL	N.
				\$15,001 - \$50,000 \(\leq\) \(\	§ ¶[	9
				\$100,001 - \$1,000,000 😾	<b>a</b> 14	Ĭ.
				\$1,000,001 - \$5,000,000	TR	Š
				Over \$5,000,000	<i>\</i>	<u> </u>
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### **SCHEDULE IV— TRANSACTIONS**

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

10-12-10

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SP, DC, JT SP

Example:

Mega Corporation Common Stock (partial sale)

Asset

resulted in a capital loss. Provide a brief description of any exchange transaction. 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 portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real proports, hald for investment that exceeded \$1 000 Include transactions that
PURCHASE	lype of Transaction
SALE	lype
EXCHANGE	ction
Check Box if Capital Gain Exceeded \$200	
(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
\$1,001- \$15,000	
\$15,001- \$50,000	
\$50,001- \$100,000	A M
\$100,001 \$250,000	Sun a
\$250,001- \$500,000	약
\$500,001- \$1,000,000	rans
\$1,000,001- \$5,000,000	acti
\$5,000,001- \$25,000,000	13
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\$25,000,001- \$50,000,000	

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#### SCHEDULE V— LIABILITIES

Name Michael J Kangas Page 7 or 9

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.

 -	-					_
					JT SP,	
			NA	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred Mo/Year	
				Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
					\$15,001- \$50,000	ı
					\$50,001- \$100,000	
				×	\$100,001- \$250,000 D \$250,001-	
					\$500,000 m	
					\$1,000,000	
					\$5,000,000 \$5,000,001	
					\$25,000,001- \$25,000,001-	
					\$50,000,000 T	
		<u> </u>			\$50,000,000	

#### **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 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 \$134 or less need not be added towards the \$335 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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
MA		

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by 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 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

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
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
NA						,
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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, organization, or any educational or other institution other than the United States.

zations); 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 organi-

Position	Name of Organization
	NA

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit 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

Date	Parties To
	NA