PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS ₹ ≓ = **CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES Report Status Filer Type Exemptions-PO If yes, complete and attach Schedule V. than \$10,000) during the reporting period? If yes, complete and attach Schedule IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting If yes, complete and attach Schedule 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 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 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? Trusts-Did you, your spouse, or a dependent child have any reportable liability (more If yes, complete and attach Schedule II. more than \$1,000 at the end of the period? S <u>S</u> House of Representatives Member of the U.S. 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 Annual (May 15) 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? Did you purchase any shares that were allocated as a part of an Initial Public Offering? James A. McDermott (Full Name) Amendment State District: 07 Ş ğ ¥ gs 8 ğ ž < ₹ < < Termination Š S 몽 <u>2</u> ౭ < Employee Officer Or VIII. current calendar year? ≤ × **≦** For use by Members, officers, and employees 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 entity? Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 Each question in this part must be answered and the appropriate If yes, complete and attach Schedule IX Did you have any reportable agreement or arrangement with an outside If yes, complete and attach Schedule VIII. Did you hold any reportable positions on or before the date of filing in the If yes, complete and attach Schedule VII. schedule attached for each "Yes" response. exempt)? If yes, complete and attach Schedule VI. from one source)? Termination Date: FORM A **Employing Office** (Daytime Telephone) Page 1 of 9 LE ISLATIVE RESOURCE CENTER HOUSE OF REPRESENTATIVE 13 MAY 14 PM 3: 52 anyone who files be assessed against more than 30 days -(Office Use Only) HAND DELIVERED ĕs. **89** ğ ¥es Yes š 8 < く < 8 << 중 8 **≪** <u>Z</u>. 공 중 Ö <

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SCHEDULE I - EARNED INCOME

Name James A. McDermott

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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. 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

Source	Туре	Amount
Washington State Department of Retirement Systems (Income is for service prior to House employment)	Pension	\$5,729
Stifel Nicolaus (See Footnote #1 about Mandatory IRA Distribution	Retirement	\$14,022.22

SCHEDULE	
III - A	
SSETS	
AND	
"UNEARNED"	
INCOME	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name James A. McDermott	McDermott		Page 3 of 9
RI OCK A	BIOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or income Course	· Voor-End	Type of Income	Amount of Income	Transaction
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 "unearmed" income during the year.	Value of Asset Indicate value of asset at close of reporting year. If	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide complete names of stocks and mutual funds (do not use ticker symbols.)	you use a valuation method other than fair	(such as 401(k) plans or IRAs),	the appropriate box below. Dividends interest and canifel	reporting year.
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.	specify the method used.	column. Dividends, interest, and capital gains, even if	gains, even if reinvested, must be disclosed as income. Check "None" if no income was parend	
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.	the reporting year and is included only because it	as income. Check "None" if the asset generated no income during the reporting period.	or generated. * This column is for income	
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.	* This column is for assets	•	generated by assets held solely by your spouse or dependent child.	
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.	or dependent child.			
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.				
State of Washington Deferred Compensation (Savings Pool)	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
Stifel Nicolaus (see Attachment #1; also see footnote #1 about mandatory IRA distribution	\$250,001 - \$500,000	DIVIDENDS/INTE REST	\$2,501 - \$5,000	
TIAA/CREF (TIAA Traditional Annuity	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name James A. McDermott

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for is sold, please so indicate (i.e., "partial sale"). See example below. 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 investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude 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. * This column is for assets solely held by your spouse or dependent child.

	SP, DC, JT
Stifel Nicolaus (See attachement #1)	Asset
	Type of Transaction
	Capital Gain in Excess of \$2007
	Date
	Amount of Transaction

SCHEDULE V - LIABILITIES

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Name James A. McDermott

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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 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 Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: for liabilities held solely by your spouse or dependent child.

	WA (not rented) owned until October 19, 2012			
\$50.001 - \$100.000	Personal residence in Seattle.	1996	Nationstar Mortgage	
	Washington, D.C. (not rented)		(
\$250,001 - \$500,000	Personal residence in	2012	Credit Union Mortgage Association	
Amount of Liability	Type of Liability	Incurred	Creditor	Ľ
		Liability		DC,
		Date		SP,

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James A. McDermott

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spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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 the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodgin (Y/N	Food? (Y/N)	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
US/Japan-South Korea	1/10/2012-	1/10/2012- Seattle-Japan-Seattle	~	~	Z	None
Legislative Exchange	1/13/2012					
' Program	_		_		_	-
		Seatle lanan				

Seattle-Japan-Seatt;e

None	Z	~	~	Seattle-SanDiego-Seattle	2/18/2012- 2/21/2012	Aspen Institute Congressional Program
None	Z	~	~	11/8/2012- Seattle-Bali-Indonesia- 11/13/2012 Washington, D.C.	11/8/2012- 11/13/2012	Chemonics
None	Z	~	Υ	Seattle-Brussels-Seattle	8/11/2012- 8/16/2012	Aspen Institute Congressional Program
None	Z	~	~	Washington, D.CBaltimore- Seattle	1/18/2012- 1/20/2012	Progressive Congress.Org

SCHEDULE VIII - POSITIONS

Name James A. McDermott

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

Position	Name of Organization
Board of Directors	US-Japan Bridging Foundation Commission
Advisory Council	Water 1st International
Honorary Council of Advisors	Henry M. Jackson Foundation
Member, Advisory Council	World Affiars Council, Seattle
Board Chair (through March 2012) Chairman Emeritus (April 2012-2015)	Peace Winds America
Commissioner	Japan-US Friendship Commission
Member, Board Sponsors	Washington Physicians for Social Responsibility
Member, Foundation Associate	Pacific Science Center
Member, Advisory Board	Childhaven
Member, Advisory Committee	Tom Wales Endowment Fund
Member, Advisory Committee	Tom C. Wales Foundation
Co-Chair	US-Japan Legislative Exchange Program

SCHEDULE IX - AGREEMENTS

F

Name James A. McDermott

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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.

FOOTNOTES	ij	Name James A. McDermott	Page 9 of 9
Number	Number Section / Schedule	Footnote	This note refers to the following item
	Schedule I	Mandatory IRA Distribution	Stifel Nicolaus

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STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

Your Financial Advisor: GREGORY SAIN

Telephone: (

Office Servicing Your Account:

PRIMARY INVESTMENT OBJECTIVE: Income

For a full definition of this objective and risk tolerance, including the use of margin, please see www.stifel.com, IMPORTANT DISCLOSURES, or contact your Financial Advisor. If you have any questions concerning your investment objective or risk tolerance, or wish to make a change, please contact your Financial Advisor, or the Branch Manager for this office.

TRADING TAX LOT RELIEF METHOD: First In, First Out INVESTOR UPDATE

It's important to make sure that your loved ones are provided for should something happen to you. This month's investment Strategist outlines the different types of life insurance, and your Stifel Financial Advisor can help you select the option that's best suited for you.

ACCOUNT PROTECTION

Stifel, Nicolaus & Company, Incorporated provides up to \$150 million of coverage for securities held in client accounts, of which \$1.15 million may be in cash deposits. Ask your Financial Advisor for more details.

Thank you for allowing Stifel Nicolaus to serve you. In order to protect your rights, including rights under the Securities Investor Protection Act (SIPA), please promptly report, in writing, any inaccuracies or discrepancies in this account or statement to the Compliance Department of Stifel Nicolaus at the address below. If you have any questions regarding your account or this statement, please contact your Financial Advisor or the Branch Manager for this office. Please refer to the Client Agreement and the enclosed Investment Strategist newsletter for important disclosure information about your account.

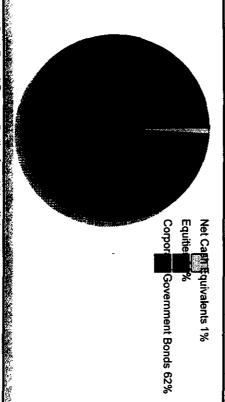
STIFEL PRESTIGE ACCOUNT STATEMENT

January 1 -January 31, 2012 Account Number:

Done 1 of 13

-\$4,338.80	\$18,091.95	Net Change in Portfolio Value
6,774.06	16,699.46	Change in Securities Value
2,926.12	1,416.22	Income and Distributions
		Securities Transferred In/Out
-14,038.98	-23.73	Net Cash Flow (Inflows/Outflows) 2
December 31	January 31	YOUR CHANGE IN PORTFOLIO VALUE
\$402,443.65	\$420,535.60	Net Portfolio Value
		Net Portfolio Assets not held at Stifel
399,462.38	416,161.84	Net Portfolio Assets held at Stifel
2,981.27	4,373.76	Cash Equivalents **
December 31	January 31	YOUR STIFEL ACCOUNT SUMMARY

YOUR ASSET SUMMARY



- ** See Insured Bank Deposit Program Section for additional information.
- Does not include cost or proceeds for buy or sell transactions.

The SUBHICK SECTION OF SECTION OF

to marketic entre	One was the reserve	Other Investments	Alternative Investments	Insurance Products	Unit Investment Trusts	Mutual Funds	Corporate/Government Bonds	Municipal Bonds	Preferreds	Equities	Secondary and property	Margin Balance	Money Market Funds	Cash				ASSUT SEAMONANA
	April 19						Bonds 262,779.55			153,382.29			4,373.76		At Stife!		Value as of January 31, 2012	
	36.38														Not at Stife!		uary 31, 2012	
													n Ži		Total			
and discontinuous	A. 10. 20.						62.49%			36.47%		3	1.04%		assets *	% of	Gains/(
	7 6 7 8 7 7 7		!				-1,554.29			-13,337.97					Unrealized		/(-)Losses	
															This Period	Realized		
13 22				,											Year-to-date			

		Year-to-date	This period
Dividends	Tax-Exempt		
	Taxable	382.83	382.83
Interest	Tax-Exempt		
	Taxable	802.08	802.08
Capital Gain Distributions	Distributions		
Return of Principal	cipal	231.31	231,31
Other			

^{*} Please note "% of assets" figures are shown gross of any amounts owed to Stifel and/or net short positions.

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STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 31, 2012 Account Number: January 1 -

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ASSET DETITION

In a section shows the cash equivalents and/or securities in your account. Prices obtained from outside sources are considered reliable but are not guaranteed by Stifel. Actual prices may vary and you may receive more or less than your original purchase price. Contact your Financial Advisor for current price quotes. Gain/Loss is provided for informational purchase only. Cost basis may be should not be used for tax preparation without the assistance of your tax advisor. adjusted for, but not limited to, amortization, accretion, principal paydowns,capitalchanges, listed option premiums, gifting rules, inheritance step-up, or wash sales. The Gain/Loss information

NET CASH EQUIVALENTS

			•	!		,																
	(1)	A Company of the Comp								7			4				ille ja	63. 16	NA PER		9	
0.00%	0.00						76	4,373.76		6	4,373,76						X	₩ N D G R	N P	DBA	NSURED BANK PROGRA	7
Yield %	Income						asis	Cost Basis		tue	Current value	Ω			ŀ							
Annualized Estimated	nualized	Ą																				
	Estimated	ונל																				

Insured Bank Program deposits may be held at multiple banks. For information regarding specific banks visit IMPORTANT DISCLOSURES on www.stifel.com. The deposits are not covered by the Securities Investor Protection Act (SIPC). Balances in the Program are insured up to the FDIC limit in each bank.

PORTFOLIO ASSETS - HELD AT STIFEL

HOME DEPOT INC CUSIP: 437076102	GENERAL ELECTRIC COMPANY CUSIP: 369604103	DU PONT E.I.DE NEMOURS & COMPANY CUSIP: 263534109	COMCAST CORP CLASS A NEW CUSIP: 20030N101	CISCO SYSTEMS INC CUSIP: 17275R102	ARCHER DANIELS MIDLAND COMPANY CUSIP: 039483102	APPLIED MATERIALS INC CUSIP: 038222105	AMGEN INC CUSIP: 031162100	Equities
HD Cash	COMPANY GE Cash	OURS DD Cash	SS A NEW CMCSA Cash	CSCO Cash	OLAND ADM Cash	INC AMAT Cash	AMGN Cash	Symboll Type
485	800	500	450	470	833	80	40	Quantity
44.3900 21,529,15	18.7100 14,968.00	50.8900 25,445.00	26.5800 11,961.00	19.6450 9,233.15	28.6300 23,848.79	12.2750 982.00	67.9300 2,717.20	Current Price/ Current Value
N/A Incomplete	36.0178 28,814.26	41.3712 20,685.62	19.8977 8,953.96	N/A Incomplete	22.7756 18,972.10	19.5200 1,561.60	67.8750 2,715.00	Average Unit Cost/ Cost Basis
N/A	-13,846.26	4,759.38	3,007.04	N/A	4,876.69	-579.60	2.20	Unrealized Gain/(-)Loss*
562.60	544.00	820.00	202.50	112.80	583.10	25.60	57.60	Annualized Estimated income Yield %
2.61%	3.63%	3.22%	1.69%	1.22%	2.44%	2.61%	2.12%	Estimated Yield %

* Aurona and in 2008 for apportmentally 2000

STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number:

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PORTFOLIO ASSETS - HELD AT STIFEL (continued)

EVEREST REINSURANCE HOLDINGS INC LONG TERM SUBORDINATED NOTE VAR CPN 6,600% DUE 05/15/37 DTD 05/03/07 FC 11/15/07 CALL 05/15/17 @ 100,000 CUSIP: 299808AE5	PENNEY J C CORP INC SENIOR NOTE B/E CPN 6.375% DUE 10/15/36 DTD 04/27/07 FC 10/15/07 CUSIP: 708/130AC3	FEDL HOME LOAN MTG CORP MULTICL REMIC 2877 CL SR MONTHLY 14 DAY DELAY VAR CPN 10.244% DUE 10/15/34 DTD 10/01/04 FC 11/15/04 CUSIP: 31395HN22 Remaining Balance: \$8.83 Original Cost: 11,282.14	MASCO CORP NOTE CPN 6.500% DUE 08/15/32 DTD 08/20/02 FC 02/15/03 CUSIP: 574599AY2	Corporate/Government Bonds	TRIQUINT SEMICONDUCTOR INC CUSIP: 89674K103	PFIZER INC CUSIP: 717081103	MERCK & COMPANY INC NEW CUSIP: 58933Y105	Equities
S&P: BBB Moody: Baa1 Cash	S&P: BB+ Moody: Ba1 Cash	Cash	S&P: BBB- Moody: Ba2 Cash	Symbol/ Bond Rating/ Type	TQNT Cash	PFE Cash	MRK Cash	Symbol/ Type
30,000	75,000	20,000	10,000	Quantity	1,000	1,000	400	Quantity
91.6250 27,487.50	86.0000 64,500.00	100.2550 8.85	91.4530 9,145.30	Current Price/ Current Value	5,990.00 5,990.00	21.4000 21,400.00	38.2700 15,308.00	Current Price/ Current Value
92.2500 27,675.00	92.5000 69,375.00	100.1087 8.84	92.7500 9,275.00	Average Unit Cost Cost Basis	5.2932 5,293.22	28.7092 28,709.22	50.6325 20,252.98	Average Unit Cost/ Cost Basis
N/A	1,407.81	N/A	299.72	Accrued Income				
-187.50	-4,875.00	0.01	-129.70	Unrealized Gain/(-)Loss*	696.78	-7,309.22	-4 ,944.98	Unrealized Gain/(-)Loss*
1,980.00	4,781.25	0.90	650.00	20	N/A	880.00	672.00	Estimated Annualized Income
7.20%	7.41%	10.22%	7.11%	Estimated Yield %	N _A	4.11%	4.39%	Estimated Yield %

STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number:

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PORTFOLIO ASSETS - HELD AT STIFEL (continued)

DIE CONTROS FOR SECONTIES ON EXPENSION DUE 04/01/67 DTD 03/30/07 FC 10/15/07 CALL 04/01/17 @ 100.000 CUSIP: 316781AA1	FIFTH THIRD CAP TRUST IV	PPL CAP FUNDING INC GTD B/E VAR CPN 0.000% DUE 03/30/67 DTD 03/20/07 FC 09/30/07 CALL 03/30/17 @ 100.000 CUSIP: 69352PAC7	ASSURED GUARANTY U S HOLDINGS GTD ENHANCED JR SUB DEB SER A B/E VAR CPN 6.400% DUE 12/15/66 DTD 12/20/06 FC 06/15/07 CALL 12/15/16 @ 100.000 CUSIP: 04622DAA9	REINSURÂNCE GROUP OF AMERICA JUNIOR SUBORDINATE DEB VAR CPN 6.750% DUE 12/15/65 DTD 12/08/05 FC 06/15/06 CALL 12/15/15 @ 100.000 CUSIP: 759351AE9	GOLDMAN SACHS CAPITAL II GTD NOTE B/E CPN 5.793% DUE 12/29/49 DTD 05/15/07 FC 12/01/07 CALL 06/01/12 @ 100.000 CUSIP: 381427AA1	BANK OF AMERICA CORP NOTES DEP SHS REPSTG PFD FIXED SER K B/E VAR CPN 8.000% DUE 12/29/49 DTD 01/30/08 FC 07/30/08 CALL 01/30/18 @ 100.000 CUSIP: 060505DR2	Corporate/Government Bonds
Cash	S&P: BB+	S&P: BB+ Moody: Ba1 Cash	S&P: BBB Moody: Baa1 Cash	S&P: BBB- Moody: Baa3 Cash	S&P: BB+ Moody: Baa2 Cash	S&P BB+ Moody: Ba3 Cash	Symbol/ Bond Rating/ Type
	45,000	15,000	10,000	15,000	20,000	20,000	Quantity
CALLOSHING SICK NA	99.2500	98.7500 14,812.50	74.5000 7,450.00	90.0700 13,510.50	68.2500 13,650.00	98.7890 19,757.80	Current Price/ Current Value
(a)	36,7500	90.2500 13,537.50	82.2500 8,225.00	100.0000 15,000.00	77.5000 15,500.00	96.7500 19,350.00	Average Unit Cost/ Cost Basis
	861.25	N/A	N/A	129,38	193.10	N/A	Accrued Income
	5,625.00	1,275.00	-775.00	-1,489.50	-1,850.00	407.80	Unrealized GairV(-)Loss*
.** 1.	2,925.00	NA	640.00	1,012.50	1,158.60	1,600.00	Estimated Annualized Income
	6.55%	NA	8.59%	7.49%	8.49%	8.10%	Estimated Yield %

STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number:

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PORTFOLIO ASSETS - HELD AT STIFEL (continued)	STIFEL (continued)							
Corporate/Government Sy Bonds Ty	Symbol/ Bond Rating/ Type	Quantity	Current Price/ Current Value	Average Unit Cost/ Cost Basis	Accrued Income	Unrealized Gain/(-)Loss*	Estimated Annualized Estimated Income Yield %	stimated Yield %
STANCORP FINANCIAL GROUP S& BONDS B/E Mc CPN 6.900% DUE 06/01/67 Ca DTD 05/29/07 FC 12/01/07 CALL 06/01/17 @ 100.000 CUSIP: 852891AB6	S&P: BBB- Moody: Baa2 Cash	20,000	91.2230 18,244.60	98.5000 19,700.00	230.00	-1,455.40	1,380.00	7.56%
GENL ELECTRIC CAP CORP S& MEDIUM TERM NOTE B/E Mc VAR CPN 6.375% DUE 11/15/67 DTD 11/15/07 FC 05/15/08 CALL 11/15/17 @ 100.000 CUSIP: 36962G3M4	S&P-AA- Moody: Aa3 Cash	20,000	99,5000 19,900.00	90,0000 18,000.00	269.17	1,900.00	1,275.00	6.41%
AMERICAN INTERNATIONAL S& GROUP INC JUNIOR SUB DEBENTURE SER A6 B/E VAR CB CPN 8.175% DUE 05/15/68 DTD 05/15/09 FC 11/15/09 CALL 05/15/38 @ 100.000 CUSIP: 026874BS5	S&P: BBB Moody: Baa2 Cash	10,000	96,5000 9,650.00	96.5000 9,650.00	N/A	0.00	817.50	8.47%
Principal Protected Notes are subject to the credit risk of the issuer. Principal Protected Market Linked CDs are subject to applicable limits	to the credit risk of the issuer. Pri	Principal Prote	cted Market Linked CD	s are subject to applicable	imits.	16,32,22	\$164,898,855	0.00%

Please note "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing. Unrealized gains or losses are provided for your information only and should not be used for tax purposes. Maria Salah Salah

STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number:

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1/9/2012	Date	Income An	11.00	1/27/2012	Deposits M				Securities		Checkwri		Cash Mai	Other	Margin Interest	Money M	Income a	Withdrawals	Deposits		Buy and	:	Type of Activity	S. KHIKWIIKON.
Dividend	Activity	Income And Distributions	Tradition of the second of	Transfer	Deposits Made To Your Account Date Activity				Securities Transferred		Checkwriting Activity		Cash Management Activity Card Activity		terest	Money Market Activity	Income and Distributions	als			Buy and Sell Transactions Assets Bought			EN SUBMINISTER STATES
	Quantity		The state of the s		nt Quantity	Opening Balance - Net Cash Equivalents			Securities Transferred In/Out	Closing Balance - Net Cash Equivalents	Checks You Wrote	ACH/ATM Activity	Card Activity	Other Transactions	Margin Interest Charged	Money Market Activity	Income and Distributions	Withdrawals From Your Account	Deposits Made To Your Account	Assets Sold/Redeemed	Assets Bought	Opening Balance - Net Cash Equivalents	Activity	
MERCK & COMPANY INC NEW 010912 400 CUSIP: 58933Y105	Description			TRSF FM PREV CUST/ITEE CONVERSION BAL TRANSFER	Description	Equivalents			out	Equivalents							1,416.22	count	count -23.73			Equivalents	Year-to-date	
168.00	Total			-23.73	Total	\$2,981.2 <i>/</i>	This period			\$4,373.76							22 1,416.22	-	73 -23.73			\$2,981.27	This period	
168.00	Cash	,		-23.73	Cash	\$0.00	Cash	CASH FOUNT SHAP		\$0.00				; ; ; ;		-1,392.49	1,416.22		-23.73			\$0.00	Cash	CASH LOUIN VI
	Money Market				Money Market	\$2,981.Z7	Money Market			\$4,373.76						1,392.49						\$2,981.27	Money Market	
	Margin				Margin	\$0.00	Margin			\$0.00												\$0.00	Margin	

Interest (Juantity Counting of Principal Dividend Distributions continued Activity Description Interest (Juantity Description FEDL HOME LOAN MTG CORP MULTICL REMIC 2877 CL. SR MONTHLY 14 DAY DELAY VAR CPN 10.24% DIE 10/15/34 DID 10/16/14 EC 11/15/04 (J11512 20,000 CUSIP: 31385HN22 PEDL HOME LOAN MTG CORP MULTICL REMIC 2877 CL. SR MONTHLY 14 DAY DELAY VAR CPN 10.24% DIE 10/16/24 DID 10/16/24							away laterates a superior for the forest tare	Acres Lone
Distributions continued Description Total Cast Money Market			0.02	0.02	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC 013112 4.373 CUSIP: 09999435		Interest	1/31/2012
Material	i		800.00	800.00	BANK OF AMERICA CORP NOTES DEP SHS REPSTG PFD FIXED SER K B/E VAR CPN 8.000% DUE 12/29/49 DTD 01/30/08 FC 07/30/08 013012 20,000 CUSIP: 060505DR2		Interest	1/30/2012
Distributions continued Activity Description Total Cash Money Market			136.00	136.00	GENERAL ELECTRIC COMPANY 012512 800 CUSIP: 369604103		Dividend	1/25/2012
Distributions continued Description Total Cash Money Market			50.63	50.63	COMCAST CORP CLASS A NEW 012512 450 CUSIP: 20030N101		Dividend	1/25/2012
Maritibutions continued Description Total Description Description Total Description Description Total Description Description Total Description			28.20	28.20	CISCO SYSTEMS INC 012512 470 CUSIP: 17275R102		Dividend	1/25/2012
Interest			231.31	231.31	FEDL HOME LOAN MTG CORP MULTICL REMIC 2877 CL SR MONTHLY 14 DAY DELAY VAR CPN 10.244% DUE 10/15/34 DTD 10/01/04 FC 11/15/04 011512 20,000 CUSIP: 31395HN22		Return Of Principal	1/17/2012
Ouantity Description Total Cash Money Market	ļ		2.06	2.06	FEDL HOME LOAN MTG CORP MULTICL REMIC 2877 CL SR MONTHLY 14 DAY DELAY VAR CPN 10.244% DUE 10/15/34 DTD 10/01/04 FC 11/15/04 011512 20,000 CUSIP: 31395HN22		Interest	1/17/2012
	Margin	Money Market	Cash	Total	Description	Quantity	Activity	Date
こうかい こうかい こうしゅ こうしゅ こうしゅ こうしゅ こうしゅ こうしゅ こうしゅ こうしゅ			SELVENTANDO BOTESTO.				Distributions continued	ACUINUIU Income And

Money Ma	Money Market Activity				
Date	Activity	Description Total	Cash	Money Market	Margin
1/10/2012	Purchase	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	-168.00	168.00	
1/18/2012	Purchase	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	-233.37	233.37	
1/26/2012	Purchase	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	-214.83	214,83	
1/30/2012	Sale	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	23.73	-23.73	
1/31/2012	Purchase	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	-0.02	0.02	
1/31/2012	Purchase	INSURED BANK PROGRAM MONEY MARKET NOT INSURED BY SIPC	-800.00	800.00	:
Top of the sec	Application (Spiritary)		\$5 000 to		
		This period		Money Market	

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STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number:

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TINIEE-RUSSIAND PARKITES SAND/OTRISCERRO RIBERG E PINARKOTATL ADMINIOR(S)	Tax Withholding 0.00 0.00	IRA Distributions 14,062.72 0.00	Rollovers 0.00 0.00 custodians or trustees.		Type of Activity Previous Year Current Year 2012 Remaining Balance to be Paid	CONTRIBUTION/DISTRIBUTION SUMMARY	Our records indicate that a Required Minimum Distribution should be taken from your retirement account	Birthdate: REQUIRED MINIMUM DISTRIBUTION (RMD)	Contingent Beneficiaries: JAMES MCDERMOTT KATHERINE MCDEAMOTT	Retirement Account Holder: JAMES MCDERMOTT SR IRA Primary Beneficiaries: THEBESE HANSEN	WHILE MESON AGOOD NEED WAY MUCH
			s-assection if you note additional retirement plans with other	irement account held at Stifel. You will need to separately	\$14,0	ution \$14,022.42	inimum Distribution should be taken from your retirement account	TRIBUTION (RMD)	HES MCDERMOTT 50.00%	EBESE HANSEN Spouse 100.00%	

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Per your request, a copy of this statement has also been sent to:

DOUGHESKE ATTN IP STONE & YOUNGRERGIIC

STIFEL NICOLAUS CUSTODIAN FOR JAMES MCDERMOTT SR IRA

January 1 -January 31, 2012 Account Number

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SufeliPrestige 224 ecount multed Bank Deposit Program

Amount(s) listed below include accrued interest in the amount of \$0.02 at a rate of 0.00%

Description	Location	Current Value
Stifel Bank & Trust	St. Louis, MO	\$4,373.75
American Express Centurion	Salt Lake Cit, UI	\$0.01
Medicine of the property of th		\$4,373.76

statement. Any other deposits that you maintain in the same capacity directly with a bank, or through an intermediary, will be aggregated with deposits in your are not covered by the Securities Investor Protection Act (SIPC) and are included on this statement solely as a service to our clients. Balances in the Program are account statement and can answer any questions you may have about your statement. Conditions are available at www.stifel.com or by contacting your Financial Advisor. Your Financial Advisor can assist you in understanding your brokerage through the Program. Please refer to the Program's Terms and Conditions for more details about FDIC insurance coverage. The Program's Terms and Program Deposit Accounts at the bank for purposes of the maximum Applicable Deposit Insurance Amount. It is your obligation to monitor the total amount of insured up to the FDIC limit in each bank subject to the combined total of all your deposits at a specific bank including any amount(s) held outside this The FDIC Insured Bank Deposit Program (the "Program") deposits shown above are held at the respective banks listed above, not at Stifel, Nicolaus & Company, Incorporated ("Stifel Nicolaus"). The Program seeks to make available up to \$2.5 million of FDIC insurance coverage subject to any limitations. The deposits funds you have on deposit in any of the banks in the Program to insure your deposits do not exceed the \$2.5 million of FDIC insurance coverage available

subsidiary of Stifel Financial Corp., the parent company of Stifel Nicolaus. Stifel Bank & Trust is an affiliate of Stifel Nicolaus. First Service Financial Company is the holding company of Stifel Bank & Trust and is a wholly owned

Manager Council

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