

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

DANIEL WILLIAM LIPINSKI

(Full Name)

(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representative State: IL District: 03

☐ Officer Or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

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2013 MAY 15 PM 4:10

HAND DELIVERED

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

IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

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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.

Source	Type	Amount
COVENTRY HEALTH CARE	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>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 "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p>	<p>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(k) 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.</p>	<p>For assets for which you checked "Tax-Deferred" in Block C, 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.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	401K AMERICAN FUND GROWTH	\$15,001 - \$50,000	None	NONE	
SP	401K COVENTRY STOCK	\$50,001 - \$100,000	None	NONE	P
	401K FIDELITY CONTRAFUND	\$1,001 - \$15,000	None	NONE	
SP	401K FIDELITY LOW PRICE STOCK FUND	\$15,001 - \$50,000	None	NONE	
	401K FIDELITY PURITAN FUND	\$15,001 - \$50,000	None	NONE	
SP	401K HARBOR INTERNATIONAL FUND	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	401K MARSH & MCLENNAN STOCK FUND	\$15,001 - \$50,000	None	NONE	
SP	401K NEUBERGER GENESIS FUND	\$15,001 - \$50,000	None	NONE	
SP	401K PIMCO TOTAL RETURN INST'L	\$15,001 - \$50,000	None	NONE	
SP	401K PUTNAM S&P 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	401K T ROWE PRICE RETIREMENT FUND 2030	\$15,001 - \$50,000	None	NONE	
SP	401K SUMMIT CASH RESERVE	\$15,001 - \$50,000	None	NONE	
SP	401K TRP MIDCAP	\$50,001 - \$100,000	None	NONE	
SP	401K T ROWE PRICE DIVIDEND GROWTH	\$1,001 - \$15,000	None	NONE	
SP	401K VANGUARD MIDCAP STOCK INDEX	\$50,001 - \$100,000	None	NONE	
SP	401K VANGUARD PRIME CAP	\$15,001 - \$50,000	None	NONE	
SP	ARBITRAGE FUND INST'L	None	CAPITAL GAINS	\$201 - \$1,000	PS
SP	ASG MANAGED FUTURES-A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	CALDWELL & ORKIN MARKETT OPP FUND	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	S(part)
SP	COVENTRY HEALTH CARE STOCK	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	FIRST EAGLE GLOBAL FUND CLI	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$1,001 - \$2,500	P
JT	FIRST NATIONAL BANK OF LAGRANGE	\$15,001 - \$50,000	None	NONE	
SP	HUSSMAN INVT. TR. STRATEGIC GROWTH	None	CAPITAL LOSS	NONE	S
SP	IRA DOUBLELINE TOTAL RETURN-N	\$15,001 - \$50,000	None	NONE	P
SP	IRA EATON VANCE GLOBAL MACRO INSTL	None	None	NONE	S
SP	IRA EASTON VANCE FLOATING RATE INSTL	\$15,001 - \$50,000	None	NONE	P
SP	IRA FIRST EAGLE GOLD FUND	None	None	NONE	S
SP	IRA JP MORGAN MBS-A	None	None	NONE	S
SP	IRA SPDR GOLD SHARES	\$1,001 - \$15,000	None	NONE	
SP	IRA TD BANK MONEY MARKET	\$1,001 - \$15,000	None	NONE	
SP	IRA TEMPLETON GLOBAL BOND ADV	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$1,001 - \$2,500	P
	IRA VANGUARD 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	IWA WORLDWIDE-A	None	CAPITAL LOSS	NONE	S
SP	IVY ASSET STRATEGIC INSTL	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	LEUTHOLD CORE	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)
SP	LOOMIS SAYLES BON-INSTL	None	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S
SP	MAINSTAY MARKET FIELD	\$15,001 - \$50,000	CAPITAL GAINS	\$1 - \$200	P
SP	MARSH & MCLENNAN STOCK	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	MB FINANCIAL (FMLY CORUS BANK)	\$250,001 - \$500,000	INTEREST	\$201 - \$1,000	
SP	MERGER FUND	None	CAPITAL GAINS	\$1,001 - \$2,500	S
SP	METLIFE STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	METLIFE TCA MONEY MARKET ACCOUNT	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	OSTERWEIS STRATEGIC INCOME	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
SP	PIMCO ALL ASSET ALL AUTHORITY INSTL	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	PRINCETON FUTURES STRATEGY-A	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	RETIREMENT CRFF BOND MKT	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF GROWTH	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF STOCK	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	RETIREMENT TIAA TRADITIONAL	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF EQUITY INDEX	\$1,001 - \$15,000	None	NONE	
SP	VAN ECK GOLD A	None	CAPITAL LOSS	NONE	S
	VANGUARD 500	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
SP	401K VANGUARD INSTITUTIONAL INDEX	\$15,001 - \$50,000	None	NONE	
SP	VANGUARD TOTAL MARKET BOND FUND	None	DIVIDENDS//CAPITAL LOSS	\$201 - \$1,000	S
SP	WELLS FARGO	\$250,001 - \$500,000	INTEREST	\$1 - \$200	
SP	PIMCO SR. FLOATING	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	TD BANK USA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	METROPOLITAN WEST TOTAL RETURN	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	GUGGENHEIM MACRO OPP	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	IRONCLAD MANAGED RISK	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	P
SP	SPDR GOLD SHARES	\$15,001 - \$50,000	None	NONE	P
SP	JP MORGAN MBS-A	None	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	IRA ANGEL OAK MULTI STRATT INCOME	\$15,001 - \$50,000	None	NONE	P
SP	IRA PIMCO ALL ASSET ALL AUTHORITY	\$1,001 - \$15,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

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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 investment that exceeded \$1,000. Include transactions that 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.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	401K COVENTRY STOCK	P	N/A	BI-WEEKLY	\$1,001 - \$15,000
SP	ARBITRAGE FUND INST'L	S	No	09/25/2012	\$15,001 - \$50,000
SP	ARBITRAGE FUND INST'L	P	N/A	04/27/12	\$15,001 - \$50,000
SP	CALDWELL & ORKIN MARKET OPP FUND	S(part)	Yes	04/24/12	\$1,001 - \$15,000
SP	FIRST EAGLE GLOBAL FUND CLI	P	N/A	04/27/12	\$1,001 - \$15,000
SP	GUGGENHEIM MACRO OPP	P	N/A	09/26/12	\$15,001 - \$50,000
SP	HUSSMAN INVT. TR. STRATEGIC GROWTH	S	No	04/24/12 09/27/12	\$15,001 - \$50,000
SP	IRA ANGEL OAK MULTI STRAT INCOME	P	N/A	09/26/12	\$15,001 - \$50,000
SP	IRA DOUBLELINE TOTAL RETURN-N	P	N/A	04/27/12 09/26/12	\$1,001 - \$15,000
SP	IRA EATON VANCE FLOATING RATE INSTL	P	N/A	04/27/12	\$1,001 - \$15,000
SP	IRA EATON VANCE GLOBAL MACRO INSTL	S	No	04/24/12	\$1,001 - \$15,000

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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 investment that exceeded \$1,000. Include transactions that 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.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	IRA FIRST EAGLE GOLD FUND	S	Yes	04/24/12	\$1,001 - \$15,000
SP	IRA JP MORGAN MBS-A	S	Yes	09/25/12	\$15,001 - \$50,000
SP	IRA PIMCO ALL ASSET ALL AUTHORITY	P	N/A	04/27/12	\$1,001 - \$15,000
SP	IRA TEMPLETON GLOBAL BOND ADV	P	N/A	04/27/12	\$1,001 - \$15,000
SP	IRONCLAD MANAGED RISK	P	N/A	09/26/12	\$1,001 - \$15,000
SP	IWA WORLDWIDE-A	S	No	09/25/12	\$1,001 - \$15,000
SP	JP MORGAN MBS-A	P	N/A	04/27/12	\$1,001 - \$15,000
SP	JP Morgan MBS-A	S	No	09/25/12	\$1,001 - \$15,000
SP	LEUTHOLD CORE	S(part)	Yes	04/25/12	\$1,001 - \$15,000
SP	LOOMIS SAYLES BON-INSTL	S	Yes	04/24/12	\$1,001 - \$15,000
SP	MAINSTAY MARKET FIELD	P	N/A	04/27/12	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

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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 investment that exceeded \$1,000. Include transactions that 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.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	MERGER FUND	S	Yes	04/24/12	\$1,001 - \$15,000
SP	METROPOLITAN WEST TOTAL RETURN	P	N/A	04/30/12	\$15,001 - \$50,000
SP	OSTERWEIS STRATEGIC INCOME	P	N/A	04/27/12	\$1,001 - \$15,000
SP	PIMCO SR. FLOATING	P	N/A	09/26/12	\$15,001 - \$50,000
SP	SPDR GOLD SHARES	P	N/A	04/27/12	\$15,001 - \$50,000
SP	VAN ECK GOLD A	S	No	04/24/12	\$1,001 - \$15,000
SP	VANGUARD TOTAL MARKET BOND FUND	S	No	04/24/12	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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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 owed during the year. Members: 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 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 for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	SOUTH DIVISION CREDIT UNION	NOVEMBE R 2007	MORTGAGE ON PERSONAL RESIDENCE	\$250,001 - \$500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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 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 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ALLIANCE FOR HEALTH REFORM	JAN 20- 22, 2012	CHICAGO, IL - FT. LAUDERDALE, FL - CHICAGO, IL	Y	Y	Y	0
STEVE BLANK	MAY 22- 24, 2012	CHICAGO, IL - STANFORD, CA - CHICAGO, IL	Y	Y	N	0