<b>8</b> €	Yes 🔲 No	•	income, transactions, or liabilities of a spouse or dependent child 'yes" unless you have first consulted with the Committee on Ethics	ts, "unearned" ir o not answer "y	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for examption? Do not answer "yes" unless you have first consult	Exemptions-	
<u>\$</u>	Yes ☐ No ☑		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?	d by the Commit alls of such a tru	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, o	Trusts	^
	S	STION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	OF SPOUSE, DEPENDENT, OR TRUS	EXCLUSION C	J
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	If yes, complete	
iate	ıe appropri	d and th	Each question in this part must be answered and the appropriate	Yes No S	Did you, your spouse, or a dependent child have any reportable liability (more than \$16,000) during the reporting period?	V. than \$10,000) during	
		ĺ	If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	if yes, complete	-
₹ <b></b>	Yes 🗆 No 🗸	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes KJ No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Y period?	Did you, your spou IV. reportable asset in period?	
			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	If yes, complete	7
☐ ₹ <b>S</b>	š	filing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	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 Yourse than \$1,000 at the end of the period?	Did you, your spou iii. more than \$200 in more then \$1,000 a	
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II,	If yes, complete	, -
₹ <u>(</u> )	Yes	bie travel o than \$350	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No V	Did any individual or organization make a donation to chartty in lieu of paying you for a speech, appearance, or article in the reporting period? Y	Did any individual II. you for a speech, a	
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, complete	_
<i>₹</i>	Yes 🗌 1	ble gift in otherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt?)	Yes No 🗆	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 y. or more from any source in the reporting period?	Did you or your sp or more from any u	
			QUESTIONS	OF THESE (	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINARY	<b>1</b> _ 1
lys	more than 30 days late.	more late.	ation	☐ Termination	☐ Annual (May 15) ☑ Amendment	Report Type	
<i>(</i> )	anyone who files	anyor	Tamination Date:				$\overline{}$
shall ainst	A \$200 penalty shall be assessed against	A \$20 be as	Employee Employing Office.		House of Representatives District: 22	Filer Status	
SUALIST NO SURE					21-1		y-
LOffice Use Onto	ffice Use Or	<u>-</u>	(Daytime Telephone)		(Full Name)		
2912 JUL 13 AHII: 27	1 705 216	<u></u>	202-225-3026		Allen B. West		
FOICLATIVE DESCUROE CHATTE	CICLATIVE	**	For use by Members, officers, and employees	ENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	CALENDAR YE	7
ביאה הברואבטבה	של הל		FORM A Page 1 of 6	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	INITED ST	
	<b>ビフ ファ</b>			:			J

## **SCHEDULE I - EARNED INCOME**

Name Allen B. West

West

Page 2 of 6

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. Calibre, Inc. Raymond James Financial Source Salary (before taking office) Spouse Salary Type N \$85,048 Amount

ND "UNEARNED" INCOME

SCHEDL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Allen B. West	Vest		Page 3 of 6
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASSet a lidentify (a) each assay value exceeding \$1, reportable asset or "unearmed" income Provide complete numearmed" involves the reporting threshold only the name of the reporting the name of the reporting the name of the location in Block A.  Exclude: Your pers (unless there was re \$5,000 or less in a p in, or income derive Savings Plan.  If you so choose, yo spouse (\$P) or depe optional column on	Asset and/or income Source lidentity (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.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically 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 (aniess there was rental income during the reporting period); any deposits totaling (solid or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt 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.	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income 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(t) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinwested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income 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. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gaine, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	529 Florida College Plan (fn)	None	None	NONE	Ø
	American General whole life insurance policies (fn)	\$15,001 - \$50,000	None	NONE	
	First Command Bank Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Fort Sill Federal Credit Union accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Liberty National whole life insurance policies (fn)	\$15,001 - \$50,000	None	NONE	
	PSE&G (PEG)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name Allen B. West	Vest		Page 4 of 6
	Raymond Jamees 401(k)- Principal Life Term 2025 (fn)	\$1,001 - \$15,000	Tax deferred	NONE	ָ <b>ס</b>
	Raymond James ESOP, money market (fn)	\$1,001 - \$15,000	Tax deferred	NONE	
	Raymond James Profit Sharing Plan (not self-directed)(fn)	\$1,001 - \$15,000	Tax deferred	NONE	י
	Suntrust 401(k)-Trowe Price 2030 Adv	None	Tax deferred	NONE	S

## **SCHEDULE IV - TRANSACTIONS**

Name Allen B. West

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

JT C, SP,	Asset	Type of Transaction	Capital Galn in Excess of \$200?	Date	Amount of Transaction
	401(k) Principal Life Term 2025	þ	N/A	Scheduled quarterly contributions	\$1,001 - \$15,000
	401(k)-Trowe Price 2030 Adv	S	No	12-20-10	\$1,001 - \$15,000
	529 Florida College Plan (fn)	S	N <sub>o</sub>	8-11-10	\$1,001 - \$15,000
ļ	Raymond James Profit Sharing Plan (not self-directed)(fn)	ס	N/A	Fourth Quarter	\$1,001 - \$15,000

FOOTNOTES	ES	Name Allen B. West	Page 6 of 6
Number	Section / Schedule	Footnote	This note refers to the following item
	Schedule III	This amendmendment is to provide a more complete description of assets disclosed on my original filing. In addition, my original filing inadvertently disclosed an asset that had been disposed of in November 2009 (Aim Summit 401k) and one that was actually valued below the reporting threshold (Ford Motor stock).	Schedule III entries
		Adioca percent are reported an extensive and are are an extensive and are	
ω	Schedule III	Invested among following options: "Balanced," "Fixed Income," "Equity," and "Age Based." Liquidated and withdrawn as reflected on Schedule IV.	529 College Plan
4	Schedule III	Originally disclosed as First Command Financial polices. Although sold through First Command, more accurately described as American General and Liberty policies.	American General and Liberty National policies
Ŋ	Schedule III	Disclosed collectively on original filing as "Raymond James IRA."	Raymond James accounts
တ	Schedule IV	Reflects employer contribution to plan during 4th quarter 2012.  Specific date not reflected on statement.	Raymond James Profit Sharing