No IT	child because Yes	nsactions, or liabilities of a spouse or dependent child because I with the Committee on Standards of Official Conduct.	d" income, trar first consulted	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
No	trusts" need not Yes	ds of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?
S	- ANSWER EACH OF THESE QUESTIONS	RMATION — ANSWER EACH O	ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	ion in this part must be answered and the schedule attached for each "Yes" respons	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	<b>№</b>	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.
<b>₹</b>	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	N <sub>o</sub>	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.
8	or before the date Yes	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.	<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.
N N	d receive any n the reporting Yes )?		§     	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.
N <sub>N</sub>	receive any regating more	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.	No ON	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
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
who files more	A \$200 penany snan be assessed against anyone who files more than 30 days late.		Employee	House of Representatives  Annual (May 17, 2010)
	(Cilice use Cilly)	or Employing Office:	Officeror	Filer Member of the II S. State:
: 20	2011 FEB -2 4/111:20	Telephone: 906 -863-764/	Daytime '	Name: BART STUPAL
On Page For	JAN 2 4 2011	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

# SCHEDULE I — EARNED INCOME

Name BAR SUPAR

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) 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.

4 437		
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
-	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
STATE OF MICHIGAN	DUABILITY RETIREMENT	19,732
MICHIGAN DEMOCRATIC PARTY	Spouse Salvary	ンダ
	,	
	:	

**BLOCK A** 

### Asset and/or Income Source

Block A. For additional information, see of its activities, and its geographic location in land, provide a complete address. income during the year. For rental property or land, provide a complete address. Provide full duction of income with a fair market value instruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting peri-Identify (a) each asset held for investment or pro->

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Government retirement programs. cial interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless less in personal savings accounts; and any finan-

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left If you so choose, you may indicate that an asset 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

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

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

**EXCEPTED/BLIND TRUST** 

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

CAPITAL GAINS

×

BLOCK B

#### Value of Asset

please specify the method used. reporting year. If you use a valuation method other than fair market value Indicate value of asset at close of

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

BLOCK C

#### Type of Income

ate any income during calendar ye Check "None" if asset did not ger vested, should be listed as incor ing the appropriate box below below the property of the proper indicate the type of income by che all other assets including all IR investments, you may write "NA." not allow you to choose spec retirement plans or accounts that Check all columns that apply.

### BLOCK D

BLOCK E

× × × × × × × × × × × × × × × × × × ×	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)  Other Type of Income (Specify: For Example, Partnership Income)	None - 역수 <b>등 모</b> 유했지로 공장	None  None  To retire indicate or general system of the sy	None  State of the case of the	\$201 - \$1,000	\$2.501_\$5.000 <   파르므교요※존리고 특	None	\$15,001 – \$50,000	\$50,001 - \$100,000 \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\fr	* \$100,001 - \$1,000,000 × se in corne i	\$15,001 - \$50,000	Over \$5,000,000 × 현 하 후 등 당 등 하 약 승	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E
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Examples

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

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	SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	<u>"</u>	Ξ	匝	Ä	ĩ	Ш	Ų	Z	ਨੂ	9	<u> </u>									Name SAP	[,7		12)	ANDER	1	1/	<b> </b> '				<u> </u>	Page of 6
	BLOCK A  Asset and/or Income Source				<u> </u>	BLOCK B Year-End Value of Asset	<b>je 9</b> 문	BLOCK B ear-En	BLOCK B Year-End	se									BLOCK C Type f Incon	LOCK ( Type Inco	BLOCK C Type of Income			įξ	2	<b>파</b> 및	BLOCK D  Amount of Income	<b>Ž</b> 0	ğ	ne			BLOCK E
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J, B				00	000				<del></del>					00					S		ncome		-	<del></del>		- W		0	00.	0,000	000,000		m o j
		None	\$1 - \$1,000	\$1,001 - \$15,00	\$15,001 - \$50,0	\$50,001 - \$100	\$100,001 - \$25	\$250,001 <b>-</b> \$50		\$500,001 - \$1,0	\$1,000,001 - \$5	\$5,000,001 - \$2	\$25,000,001 - \$	Over \$50,000,0	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BL	Other Type of Ir	None	\$1 \$200	\$201 – \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,0	\$100,001 - \$1,000	\$1,000,001 - \$6,0	Over \$5,000,000	
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### SCHEDULE V- LIABILITIES

Name BAK STUARL

Page Sot

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; 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.

8			2	0	m ≱	Amount of Liability	G Liab	¥	
JT DC,	Creditor	Type of Liability	\$15,001- \$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001-	\$1,000,000	\$1,000,000 \$1,000,001
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.			×		ıI		
77	STEPHENISH NATIONAL BINE	MURCEAGE - 817 MINTHE AVENUE	X	50 Å. 1					
7	JT STEPHENSON NATIONAL BAME	MOCEAGE-WS499 49 17 AVE					×	`	
		<i>M</i>			907.0	ines).			
					S. S. S. S.				

### 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 \$134 or less need not be added towards the \$335 disclosure threshold. 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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Example: Mr			
Source Source Example:   Mr. Joseph H. Smith, Anytown, Anystate			
Description  Silver Platter (determination on personal friendship received from Committee on Standards)			
Value \$345			

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Page 6 of 6

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-

		Owned Diescrope	Position
		BART STURK, PC	
The control of the co			Name of Organization

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. 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; continuing participation in an

Date