## ₹ Ħ EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Status Filer 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? Yes Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting 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 Exemptions-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 II. If yes, complete and attach Schedule I. or more from any source in the reporting period? Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 If yes, complete and attach Schedule V. if yes, complete and attach Schedule IV. more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. 5 House of Representatives Member of the U.S. Annual (May 15) 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 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? Steven Arnold King (Full Name) Amendment District 05 State: ⋝ **8** □ ğ 8 š ◩ 3 Termination Z <u>z</u> 8 중 8 **3** 3 []Employee Officer Or ≥ Ķ **≦** <u>≦</u> 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 Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350) Oid you hold any repostable positions on or before the date of fliing in the current calendar year? Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. 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 If yes, complete and attach Schedule VII. from one source)? If yes, complete and attach Schedule VI. Termination Date: **Employing Office** (Daytime Telephone) 202-225-4426 Page 1 of 7 more than 30 days anyone who files be assessed against A \$200 penalty shall 1 1 3012 JUN 27 PH 12: 47 HAND DELIVERED (Office Use:Only): LESCHINIVE LEGISTATIVE RESOURCE CENTS: š 8 Yes **₹** \* 8 $\Box$ 3 ₹ (<u>X</u>) ₹ **\** Z 중 \$ 2 3

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	_	ASSI Identify (a) each value exceeding reportable asse "unearmed" inc	Provide complete For all IRAs and ( (i.e.,plans in which investments), pro reporting threator only the name of reporting period.	For rental or of	For an ownership in state the name of the location in Block A.	Exclude: Your (unless there w \$5,000 or less in in, or income d Savings Plan.	If you so choos spouse (SP) or optional column	SP	SP	JT	SP	SP	SP
	BLOCK A	Asset and/or income Source  Asset had 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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(t) 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, provide 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 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 (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.	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.	Altria Group Stock	American Income Fund of America Mutual Fund	Bank lowa Accounts	Bank of America Bond	DNP Select Income Fund Stock	Ford Motor Credit Bond
<u> </u>		Valu	market specify If an ass include generat value si					\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	None	\$1,001 - \$15,000	None
	BLOCK B	Year-End Value of Asset At close of reporting year. Byou use a valuation method offer from the	merket value, please specify the method used. If an esset was sold and is included only because it is generated income, the yalue should be "None,"					01 - 000	01 -	01 - 000	(p	01 - 000	U
	BLOCK C	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that coeners to a deferred income	(such as 401(t) plants or IRAs), you may check the "None" column. Dividends, interest, and capital gales, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.					SQNƏDIVID	DIVIDENDS	INTEREST	DIVIDENDS	DIVIDENDS CAPITAL GAINS	INTEREST
	BLOCK D	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 RAA), you may check the	"None" column. For all other assets, Indicate the category of income by checking the appropriate box below. Dividends, indexest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was samed or respected.	A Report award.				\$1 - \$200	\$201 - \$1,000	NONE	\$201 - \$1,000	\$201 - \$1,000	\$1 - \$200
	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)	reporting year.								Ø		

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name Steven Amold King	nold King		Page 3 of 7
SP	Frontier Communications Corporation Stock	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Sp	Invesco Van Kampen High Yield Municipal Fund Mutual Fund	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	lowa Public Employees' Retirement System	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	lowa Public Employees' Retirement System	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	King Construction	\$100,001 - \$250,000	CAPITAL GAINS	\$15,001 - \$50,000	
dS	Kraft Foods Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	_
SP	MetLife Inc. PFD Ser. B Bond	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	OneOk Partners Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
နှ	Smith Hayes Prime Fund Captial Reserves Money Market Acct	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Tenn. Valley Auth. Bond	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	United Bank of Iowa Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Verizon Communications Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Wells Fargo Bond	None	INTEREST	\$1 - \$200	Ø

## **SCHEDULE IV - TRANSACTIONS**

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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.

## 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. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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. NOTE: Pending legislation may require Members to report mortgates on personal residences.

JT	JT	SP, DC, JT
PNC Bank	United Bank of Iowa, Odebolt, IA	Creditor
May 2005	October 2008	Date Liability Incurred
Mortgage on Washington, DC \$15,001 - \$50,000 personal residence	Mortgage on lowa personal residence	Type of Liability
\$15,001 - \$50,000	\$15,001 - \$50,000	Amount of Liability

## **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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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 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 spouse or dependent child that is totally independent of his or her relationship to you. 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? Fo	Food? (Y/N)	was a Family ood? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan. 27-30	Jan. 27-30 DC-LA-Omaha	<b>~</b>	<b>~</b>	Z	None
German Marshall Fund	Feb. 18-28	Feb. 18-28 DC-Berlin-DC	~	~	~	3 Days
Club for Growth	Mar. 3-5	DC-Palm Beach-Omaha	~	~	Z	None
Land Improvement Contractors of America	Mar. 20-21	Omaha-Las Vegas-Omaha	4	~	Z	None
David Horrowitz Freedom Center	Apr. 1-3	DC-LA-DC	~	<b>→</b>	Z	None

FOOTNOTES	ES	Name Steven Arnold King	Page 7 of 7
Number	Section / Schedule	Footnote	This note refers to the following item
<b>→</b>	Schedule III	All spouse assests, excluding IPERS, were inherited during 2011.	All Spouse assets, excluding IPERS.