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□ No ⊠	child because Yes	sactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	ed" income, tran first consulted v	EXEMPTION —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.
_ No X	closed. Have you Yes	d certain other "excepted trusts" need not be disc	tee on Ethics and or dependent chi	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?
SNOI	ISWER EACH OF THESE QUESTIONS	- AN	ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the esponse.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	ĕ ⊠	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.
No ⊠	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No M	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.
No ⊠	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.	No X	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.
No □	d receive any n the reporting Yes X	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.		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.
No ∑	regating more Yes	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.	No U	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? Yes If yes, complete and attach Schedule I.
;		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
I be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee	Officer or Employee	Status House of Representatives Report Type Annual (May 15, 2012) State: 6R O'T Amendment
MOTIVES HC	C.S. SUUSE COME USe ON TIVES	Daytime Telephone: 2の 225・76oS	Daytime	Name: Henry C. Hank Johnson, JV.
3: 17	LEGIOLITIVE RESCURCE CENTER 2012 HAY -2 PM 3: 17			
RED	rm A officers, and employeeHAND DELIVERED	Form A For use by Members, officers, and employee	EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I—EARNED INCOME

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.

Source	Type Arr	Amount
Examples: Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000
Burroughs Johnson and Hopewell	spouse's salary	A)A
Dekalb County GA	persion payment	\$11,000 m

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

Source	Activity	Date	Amount
Association of American Associations, Washington, DC		Feb. 2, 2011	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2011	\$500
ン, A			
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For an owners that is not publication in Block A. Exclude: Your homes and vaincome during ing \$5,000 or accounts; and a from, a federal Savings Plan. If you so choo income source child (DC), or is optional column For a detailed or please refer to 1 SP, DC, Examples:	ment a the na value . For re	the more more plan plan plan plan plan plan plan plan
in own then n n Bloc then n n n n n n n n n n n n n n n n n n	w <u>w</u> . ôs es	PRODE ED DAYER
For an ownership interest in a privately-held but that is not publicly traded, state the name of that ress, the nature of its activities, and its geographic tion in Block A. Exclude: Your personal residence, including shomes and vacation homes (unless there was income during the reporting period); any deposite ing \$5,000 or less in a personal checking or accounts; and any financial interest in, or income savings Plan. If you so choose, you may indicate that an as income source is that of your spouse (SP) or depochild (DC), or is jointly held with your spouse (JT), optional column on the far left. For a detailed discussion of Schedule III requires please refer to the instruction booklet. SP SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Account of Schedule III requires the instruction booklet.	ment 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.	Asset and/or Income Source 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. 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 retire-
tely-held business name of the business name of the business name of the business name of the business geographic localincluding second there was rental any deposits total-hecking or saving or income derived including the Thrift that an asset or (SP) or dependent spouse (JT), in the ell requirements, in the ell requirements, in the exposure (JT), in	f-directed, provide only ong the account and its period.	vestment or production to exceeding \$1,000 at td., and (b) any other come which generated come during the year. Is and mutual funds (do to plans (such as 401(k) blans (such as 401k) blans in which you have to select the specific reach asset held in the gitnesholds. For retiregithese
None	>	rep me ple tha
\$1 - \$1,000		Indicate reporting method please silf an assilf an assily year and generate "None."
\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000	· ·	le \ ng ng d o o o o o o o o o o o o o o o o o o
\$\frac{1}{2} \tag{15,55} \tag{400,000}		Value value year. other 1 pecify t pecify t et was in dincord
× \$50,001 - \$100,000	т	Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
× \$100,001 - \$250,000	п О	ue of Asset of asset at close If you use a valuati than fair market valuate the method used. sold during the reporticluded only because me, the value should
\$250,001 - \$500,000	<u> </u>	As isse isse that the thick the trimetry is a second of th
\$500,001 - \$1,000,000		set a se ma ma ma nig th
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Over \$50,000,000	·	
NONE		Type of Inc. Check all columns the retirement accounts that you to choose specific in that generate tax-deft (such as 401(k) plans may check the "Tax-Deft Dividends, interest, gains, even if reinvest disclosed as income. If the asset generated noing the reporting period.
X DIVIDENDS X RENT	-	Type of II Check all columns retirement accounts you to choose specif that generate tax-i (such as 401(k) pla may check the "Tax-I Dividends, interes gains, even If rein disclosed as incorr if the asset generate ing the reporting per
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EXCEPTED/BLIND TRUST		incy that the the deficiency st,
TAX-DEFERRED		that ap that do not invest fic invest deferred ns or IR Deferred st, and st, and no inco inco inco inco inco inco inco inco
Royaltie (Specify: e.g., Partnership Income or Farm Income	е)	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(k) plans or IRAs), you may check the "Tax-Deferred" 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.
None	-	For "No catc
\$1 - \$200	<u> </u>	Amount of Income For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate 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.
\$201 - \$1,000	<u> </u>	sets de la colu
× \$1,001 - \$2,500	~	Amount of Income ats for which you checker in Block C, you may checker at gains. For all other assected, and capital gains, and capital gains, atted, must be disclosted. "None" if no income generated.
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Over \$5,000,000	×	
indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please	Iransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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																			JT DC,		SCH Cont
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																			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Φ	Name Covy (
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SCHEDULE IV— TRANSACTIONS

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									N.A.	Example: Mega Corpo	SP. DC. JT Asset	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.	dren, 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	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
										al sale)		n excess Schedule	it gener- so indi-	ge trans- lent chil-	r——
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										10-12-11		Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YR)	Date
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SCHEDULE V— LIABILITIES

Name Hung C Hank Johnson Page 7 of

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 (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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC,	-	Creditor	Date Liability Incurred Mo/Year	Type of Liability	,000,	~~-	,000	,000 ,001- 0,000	,000 ,001- 0,000	,000 ,001- 0,000	,000 ,001- 0,000	,000 ,001- 0,000	,000 ,001- 0,000	,000 ,001- 0,000 0,001- 0,000- 0,001- 0,001- 0,001- 000,000- 000,001- 000,001- 000,001- 000,001- 000,001- 000,001-
						\$10,0 \$15,0	\$15,0 \$15,0 \$50,0	\$15,0 \$15,0 \$50,0 \$50,0 \$100,	\$15,0 \$15,0 \$50,0 \$50,0 \$100, \$100, \$250,	\$15,0 \$15,0 \$50,0 \$50,0 \$100, \$100, \$250, \$250, \$500	\$15,00 \$15,0,0 \$50,0 \$50,0 \$100, \$250, \$250, \$500 \$1,00	\$15,00 \$15,00 \$50,0 \$50,0 \$100, \$250, \$250, \$500 \$1,00	\$15,00 \$15,00 \$50,0 \$100, \$100, \$250, \$250, \$500 \$1,00 \$5,00	\$15,00 \$15,00 \$50,0 \$100, \$100, \$250, \$250, \$500, \$1,00 \$5,00 \$5,00 \$25,00 \$25,00 \$25,00
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover	PE	DE	DE .	DE .	, DE X					
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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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

or were paid by you and reimbursed 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

		or the second				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
and Progressive Congress, or Jan 27-28 OC- Chantily, VA-DC	Jan 27-28	Oc-chantily, va-DC	4	1	Z	NONE
Istanbul Centur	Apr. 16-23	Apr. 16-23 OL- Istanbul, Turkey	7	~	4	MONE
National Committee on relictions	Apri 23-May	Istanbul juvkey - Dc	7	×	ح	ものとく
Harriet Becol stove anter line 9-11 Attent - CT - PC	June 9-11	Attenty - CT - PC	4	~	~	Nove
American Israel Education hindetion thy. 7-15 DC-Tel Aviv- Atlanta	7-15	Do-Tel Aviv- Atlanta	~	<	~	NoNe
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SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations) and positions political parties and campaign organizations and positions political parties and campaign organizations.

Position	Name of Organization
AA	

SCHEDULE IX—AGREEMENTS

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.

Date	Parties To	Terms of Agreement
	4N	