ng in the Yes ☑ No ☐	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 more than \$1,000 at the end of the period?		.III
e travel or an \$350 Yes No 🗸	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)? If yes, complete and attach Schedule VII.	Yes No 🖳	Did any individual or organization make a donation to charity in ileu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Did any individual you for a speech, a lf yes, complete	II.
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, complete	
egift in Perwise Yes ☐ No ☑	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 or more from any source in the reporting period?	Did you or your sp or more from any	-
	JESTIONS	OF THESE QU	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	RELIMINARY	무
more than 30 days late.	Termination Date: on	☐ Termination	Annual (May 15)	Report Type	
be assessed against	Employee	Г	House of Representative District: 02	Status	
S IIS SECTION TO SECTION S	Employing Office:	ō 🗆 🗀		Filer	
(Office Use Only)	(Daytime Telephone)		(Full Name)		
2013 AUS 13 AH II: 37	:		James Patrick McGovern		
TOTAL ATTENUES CELL					
HAND DELIVERED	FORM A Page 1 of 7 For use by Members, officers, and employees	FATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	JNITED ST ALENDAR YEA	ہ ر

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

Did you purchase any shares that were allocated as a part of an initial Public Offering?

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.

Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be

Yes

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Yes

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Yes

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disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

PO

If yes, complete and attach Schedule V.

Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?

Yes

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appropriate schedule attached for each "Yes" response Each question in this part must be answered and the If yes, complete and attach Schedule IV.

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Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting

Yes

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Did you have any reportable agreement or arrangement with an outside

Yes

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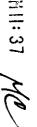
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If yes, complete and attach Schedule IX.

If yes, complete and attach Schedule VIII.

If yes, complete and attach Schedule III.

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SCHEDULE I - EARNED INCOME

Name James Patrick McGovern

Page 2 of 7

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.

Prevent Cancer Foundation Spouse Salary N/A	Source	Туре	Amount
	Prevent Cancer Foundation	Spouse Salary	N/A

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	James Patrick McGovern		Page 3 of 7
	BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
ASSE Identify (a) each value exceeding reportable asse "unearmed" inc	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 "unearmed" income during the year.	Year-End Value of Asset Indicate value of asset at close of reporting year. If	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that congrate tax-deferred income	Amount of Income 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	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in
Provide comple For all IRAs and each asset held	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) provide the value for each asset held in the account that exceeds the reporting thresholds.	method other than fair market value, please specify the method used.	(such as 401(k) plans or RAs), you may check the "None" column. Dividends, interest, and capital gains, even if	the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check	reporting year.
For rental or ot a description, e	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.	if an asset was sold during the reporting year and is included only because it	as income. Check "None" if the asset generated no income during the reporting period	* This column is for income	
For an ownership in state the name of the location in Block A.	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.	generated income, trie value should be "None." * This column is for assets		generated by assets held solely by your spouse or dependent child.	
Exclude: Your property (unless there we \$5,000 or less in in, or income do Savings Plan.	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.	or dependent child.			
If you so choos spouse (SP) or optional columi	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.				
For a detailed discuinstruction booklet	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				
SP	CBS stock	\$1,001 - \$15,000	None	NONE	
SP	Congressional Federal Federal Credit Union Money Market & CD	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP	Corning stock	\$1,001 - \$15,000	None	NONE	
DC	Eaton Vance Global Growth Fund for DC2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Eaton Vance Tax Managed Growth Fund for DC1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Eaton Vance Tax Managed Growth Fund for DC2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME \exists SP SP SP Washington, DC *basement rental unit* G.E. stock Viacom (class B) stock Fidelity - FA Freedom 2025 A retirement account \$1,000,001 -\$5,000,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$50,001 -\$100,000 Name James Patrick McGovern None RENT None DIVIDENDS NONE NONE \$5,001 - \$15,000 \$1,001 - \$2,500 Page 4 of 7

SCHEDULE IV - TRANSACTIONS

Name James Patrick McGovern Page 5 of 7

is sold, please so indicate (i.e., "partial sale"). See example below. 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 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 investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions

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.

\$1,001 - \$15,000	bi-weekly	N/A	ס	Fidelity - FA Freedom 2025 A retirement account	SP
Amount of Transaction	Date	Capital Gain in Excess of \$200?	Type of Transaction	Asset	SP, DC,

SCHEDULE V - LIABILITIES

Name James Patrick McGovern

Page 6 of 7

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: for liabilities held solely by your spouse or dependent child. 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 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 Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

JT	JΓ	SP, DC, JT
Wells Fargo, San Francisco, CA	Bank of America, Simi Valley, CA	Creditor
April 2012	July 2009	Date Liability Incurred
mortgage on personal residence, Washington, DC	mortgage on personal residence, Worcester, MA	Type of Liability
\$250,001 - \$500,000	\$100,001 - \$250,000	Amount of Liability

SCHEDULE VIII - POSITIONS

Name James Patrick McGovern

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educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
Board Member	Congressional Hunger Center
Board Member	John Joseph Moakley Foundation