late.		☐ Termination	Type (☑) Annual (May 15) ☐ Amendment
more than 30 days	Termination Date:] - -	
be assessed against		Employee	Status House of Representative District: 03
A \$200 penalty shall	Employing Office:	☐ Officer Or	Filer Member of the U.S. State: MD
(Office Use Only)	(Daytime Telephone)		(Full Name)
2013 MAY -6 PM 2: 23	202-225-4016		John P. Sarbanes
TEDISTATIVE RESOURCE DENTS:			
	For use by Members, officers, and employees		CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
	FORM A Page 1 of 8	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES
こうとうしていくている			

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Yes No 🗸	8	other "excepted trusts" need not be ouse, or dependent child?	mitte	id by the Con lails of such :	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain of disclosed. Have you excluded from this report details of such a trust benefiting you, your specified by the Committee on Ethics and certain of the committee of the certain of the c	
Yes ☐ No ☑			Initia	s a part of ar	IPO Did you purchase any shares that were allocated as a part of an initial Public Offering?	
SNOI	ES1	FORMATION ANSWER EACH OF THESE QUESTIONS	TN	OR TRUS	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION A	Ţ
		schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	
propriate	app	Each question in this part must be answered and the appropriate		Yes ✓ No	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 IX.			If yes, complete and attach Schedule IV.	
□ 8 <	Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?		Yes No V	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	₹
		If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	
Yes V No	Yes	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?	≓
		\$350 from one source)? If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	
V No □	Yes	Did you, your spouse, or a dependent child receive any reportable travel VII. or reimbursements for travel in the reporting period (worth more than		Yes 🗌 No 🗸	Did any individual or organization make a donation to charity in seu of paying you for a speech, appearance, or article in the reporting period?	=
		if yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	
Yes V No	Yes	VI. the reporting period (i.e., aggregating more than \$350 and not otherwise		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?	-

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.

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SCHEDOL	SCHEDOLE III - ASSETS AND ONEARNED INCOME	Name John P. Sarbanes	arbanes		Page 2 of 8
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASS(identify (a) each market value ex 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 you use a valuation	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	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
For all IRAs and each asset held	Provide complete names or 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.	(sticn as 40 (k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains,	ure appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check	in reporting year.
For rental or oti 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	even if reinvested, must be disclosed as income. Check "None" if the asset generated to become during the	"None" if no income was earned or generated.	
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.	because it generated income, the value should be "None."	reporting period.	generated by assets held solely by your spouse or dependent child.	
Exclude: Your person (unless there was re \$5,000 or less in a p interest in, or incom Thrift 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.	held solely by your spouse or dependent child.			
If you so choose, you may indice spouse (SP) or dependent child optional column on the far left.	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.				
	Charles Schwab Dodge & Cox Stock (see footnote 1)	None	DIVIDENDS	\$1 - \$200	
DC1	Citibank bank account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
듸	ING Direct bank account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC3	Maryland College Investment Plan Portfolio 2015	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
JT	Morgan Stanley American Cap World Growth & Income	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
듸	Morgan Stanley American Washington Mutual	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME ٦ SP SP \exists SP Wells Fargo Bank Accounts Vanguard Traditional IRA Tgt Rtmt 2030 Vankamp Growth & Inc. Fd A Retirement Savings Certificate Wells Fargo Traditional IRA Nationwide Retirement Morgan Stanley Money Market Fund (see footnote 2) \$1,001 -\$15,000 \$15,001 -\$50,000 \$15,001 -\$50,000 \$1,001 -\$15,000 None Name John P. Sarbanes TAX-DEFERRED/INTE REST INTEREST INTEREST TAX-DEFERRED TAX-DEFERRED NONE NONE NONE \$1 - \$200 \$1 - \$200 Page 3 of 8

SCHEDULE V - LIABILITIES

Name John P. Sarbanes

Page 4 of 8

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

3		7		
DÇ,		Date Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
	Baltimore County Savings Bank	2003	Mortgage on personal residence in Baltimore County, MD	\$50,001 - \$100,000
	Wells Fargo	2000	Equity Line of Credit on personal residence in Baltimore County, MD	\$10,001 - \$15,000
	Baltimore County Savings Bank	2002	Mortgage on co-owned personal residence of relative in Baltimore City, MD	\$10,001 - \$15,000

SCHEDULE VI - GIFTS

Name John P. Sarbanes

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Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. 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 \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
David Nutting Award	Dependent Child - College Scholarship	\$400
David Holt Award	Dependent Child - College Scholarship	\$250
Calder Spanier Prize	Dependent Child - College Scholarship	\$200

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John P. Sarbanes Page 6 of 8

spouse or dependent child that is totally independent of his or her relationship to you. 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 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 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. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Edmond J. Safra Center for Ethics at Harvard University	November 8-9	Baltimore-Boston-Baltimore	~	~	Z	None

SCHEDULE VIII - POSITIONS

Name John P. Sarbanes

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

Position	Name of Organization
Director	Institute for Christian and Jewish Studies

FOOTNOTES	ÿ	Nan	Name John P. Sarbanes		Page 8 of 8
Number	Section / Schedule		Footnote	This r	This note refers to the following item
1	Schedule III	Rollover of balance under \$1,000 to TSP.	er \$1,000 to TSP.	Charle Dodge	Charles Schwab Dodge & Cox Stock
2	Schedule III	Cash withdrawal		Morga: Money	Morgan Stanley Money Market Fund