Yes No	ons, or liabilities of a spouse or dependent child becaushe Committee on Ethics.	income, transactist consulted with t	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.
Ye you Yes No No	tain other "excepted trusts" need not be disclosed. Have you	ttee on Ethics and cer or dependent child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No X		blic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
OF THESE QUESTIONS	- ANSWER EACH	OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS
answered and the ach "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response		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.
nt with Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No Fy	1V. 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? 1f yes, complete and attach Schedule IV.
re date Yes X No	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.	§ 	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.
ting yes No NA	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.	No September 1	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.
ore Yes No Va	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 I tha	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.
	QUESTIONS	OF THESE	R EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: A \$200 pension Termination Date: against anyo 30 days late	Officer or Employee	Status Member of the U.S. State: NS Status House of Representatives District: 08 Report
(Office Use Only)			
2019 HAY 15 PM 3: 18		Daytime Telephone:	Name: However 5 Jeffines
DELIVERED" -	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
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Page 2_of	

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.

Exclude: Williary pay (Sucil as inalicular outliness to buy), Section 1979		#
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
No. C. & Star Descended Barbler NIA	Salary	45,500
Sentite New York NY	Salem	4 52,000
Colored General New York No.	cose is the ment	08.24七,七
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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 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 envelope for transmitting the list is included in each Member's filing package.

1 lobe for italistiming the list is included in each includes a mini promes.			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC Examples: XYZ Magazine	Speech Article	Feb. 2. 2012 Aug. 13, 2012	\$2,000 \$500
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	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
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None >	Signature State State	None	C C C C C C C C C C	### A CAPITAL GAINS CAPITAL GAINS CAPITAL GAINS CAPITAL GAINS	BLOCK A 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. For all IRAs and other retirement plans (such as 401(k) plans) provide the value to each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide a complete address or a description, e.g., "rental or other real property held for investment, provide and the provide and th	BLOCK B 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." * This column is for assets held solely by your spouse or dependent child.	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments gr 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.	BLOCK D Amount of 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 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. This column is for income generated by assets held solely by your spouse or dependent child.
SP Mega Corp. Stock X X X	Simon & Schuster Indefinite X X X Royalties X CR3 401 () X X 302.0 5 x x x X X X X X X X X	SP Mega Corp. Slock Indefinite X X X Royalties X X	SP Mega Corp. Stock Indefinite X X X Royalties X X Royalties X X X Royalties X X X X X X X X X	SP Mega Corp. Stock X	vide a complete address or a description, e.g., remaind property, and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (wifess there was rental income during the reporting period); any deposits total income during the reporting period; any deposits total income during the reporting period; any deposits total from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or from 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 discussion of Schedule III requirements, please refer to the instruction booklet.	\$1 - \$1,000 © \$1,001 - \$15,000 C \$15,001 - \$50,000 C \$50,001 - \$100,000 T \$100,001 - \$250,000 C \$500,001 - \$1,000,000 T \$1,000,001 - \$5,000,000 C \$5,000,001 - \$5,000,000 C \$25,000,001 - \$25,000,000 C \$25,000,001 - \$50,000,000 C \$25,000,001 - \$50,000,000 C \$25,000,001 - \$50,000,000 C	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	\$1 - \$200 = \$201 - \$1,000 \(\frac{\pi}{\pi} \) \$1,001 - \$2,500 \(\frac{\pi}{\pi} \) \$2,501 - \$5,000 \(\frac{\pi}{\pi} \) \$5,001 - \$15,000 \(\frac{\pi}{\pi} \) \$50,001 - \$100,000 \(\frac{\pi}{\pi} \) \$50,001 - \$100,000 \(\frac{\pi}{\pi} \) \$100,001 - \$1,000,000 \(\frac{\pi}{\pi} \) \$1,000,001 - \$5,000,000 \(\frac{\pi}{\pi} \) Over \$5,000,000 \(\frac{\pi}{\pi} \)
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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property of Transaction had be investment that exceeded \$1 000 Include transactions that resulted		Date			Þ	mor mor	Amount of	fTra	Transaction	tion	1	
HASE	Box if Capital xceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or	>	a	ი	ם		0 7	0 **	00 -		٠,
Capital Gains — if a sales transaction resulted in a capital gain in excess of CO U CO CO CO CO CO CO CO CO CO CO CO CO CO		Bi-weekly, if applicable	1,001- 15,000	15,001- 50,000	50,001- 100,000	100,001- 250,000	250,001 <i>-</i> 500,000	500,001- 1,000,000	1,000,00° 5,000,000	5,000,00 25,000,00	25,000,0 50,000,0	Over
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SCHEDULE V— LIABILITIES

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residence (unless it is rented out or you are a Member); 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 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 close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

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			7		SP, DC, JT
:	Bunk	HSBC.		Example:	
	Bunk of America		Charse Norster-Court	First Bank of Wilmington, DE	Creditor
	2007	January 2007	Tecember 2012	May 1998	Date Liability Incurred Mo/Year
	2007 Home Equity June of	Montage Residence	Zorz Credit Card	Mortgage on 123 Main St., Dover, DE	Type of Liability
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					\$15,001- \$50,000 w
	X	-			\$50,001- \$100,000
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					Spouse/DC Liability Over \$1.000,000

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

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 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 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

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

1	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
Evamples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Lyampies.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	Υ	2 Days
Z	です						
						P. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	

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,

tions); 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 organiza-

morrow processes and an extension of the second) 1 () () () () () () () () ()
Position	Name of Organization
Of Counsel	Gudosity, and Gentile, New York, Ny
of Counsel	Roman and Associates, Dic New York, NY

SCHEDULE IX—AGREEMENTS

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. 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

Date	Parties To	Terms of Agreement
120x1-	CBSHtween S. Jeffines	continued perturbation in a 401(K) Plan.
1/2007 -	Horeum S. Jestines	continued perfection of a New York Strate
12/2009	Roman and Associates, PLIC / Harcom S. Teffines	Continuently fee Agreement, subject to foundable resolution (termination of of counsel relumenship effective Jan. 2,2013)
12/2012	Godusky and Gentile Howern S. Teffines	cond cessetion of bi-weekly compensition. The
		department greserves - previously earned
		mothers to the extent any case is resulted financial
		in the fiture, absent further lead involvement