UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	JUN 0 6 2012 30 1 or &	1 or 52
2012	For use by candidates and new employees	LEGISLATIVE RESOURCE OF YES	
		2012 JUN 11 AM 9: 48	9: 48
Name: Lois J. Frankel Daytime Telephr	elephr	U.S. HOUSE OF NET MESENTATIVES	HATIVES (C)
		(Office Use Only)	
X Candidate for the State: Florida Date of New House of Representatives District: 22 Election: N	November 2012 Check if Amendment		ssessed
ng Office:		more than 30 days late.	WITCH ITES
in all sections, please type or print clearly in blue or black ink.			
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 remarkete and attach Schedule !  W	IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If year complete and attach Schedule IV.	fore the date two years? Yes	No
II. Did you, your spouse, or a dependent child receive "unearned" v. 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? Yes X NO William Yes, complete and attach Schedule II.	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	ingement Yes X	No Control
III. Did yoù, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No x 4: H:	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	5,000 from <b>Yes</b>	No ×
Each question in this part must be answered and the appropriate schedule		attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSW	ER EACH OF THESE QUESTIONS	S
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 a dependent child?	and certain other "excepted trusts" need no	t be Yes	×
<b>EXEMPTION</b> —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.	ransactions, or liabilities of a spouse or de consulted with the Committee on Ethics.	endent child Yes	No

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Page _	-	Franker	Lois J. Frankei	Name
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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 (s	exclude: williary pay (such as National Guard of Reserve pay), receive internity programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social	Security Act.
Source	Source (include date of receipt for honoraria)	Type	- Amount	unt
	(minimum of money)	3 500	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Houston, TX	Salary	\$6,300	\$28,450
	Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Associa	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	as Public Schools	Spouse Salary	NA	NA
City of West Palm Bea	West Palm Beach, West Palm Beach, FL	Salary	0	\$78,316.67
State of Florida		Retirement	0	\$4,770.90
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3 E	[X]	~	∞	70	£0		<u> </u>	-	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 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 (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal released in, or income derived from, a bederal 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 depanding only child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.	BLOCK A  Asset and/or income Source identify (a) each asset held for investment or production of income with a tair market value exceeding \$1,000 at the end of the reporting period, and (b) any other tree 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 functs (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are set-directed (i.e., plans in which you have the power, even if not exercised, to select the year thave the power, even if not exercised, to select the set-directed in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed in the name of the institution holding the
Highland FD	Bxxon	Morgan	800	Real	State		Examples:		tand transfer a common transfe	BLOCK A  Asset and/or income Source ify (a) each asset held for investment or produce ome with a lair market value exceeding \$1.00 and of the reporting period, and (b) any of table asset or sources of income which gener table asset or sources of income during the y table asset or sources of income during the y table asset or sources of income during the y table asset or sources of income during the y table asset or sources of income during the y table asset or sources of income during the y tide complete names of stocks and mutual fi od use ticker symbols).  If IRAs and other retirement plans (such as 44 b) that are self-directed (i.e., plans in which the power, even if not exercised to select the twestments), provide the value for each asset e account that exceeds the reporting thresh elicement accounts which are not self-dire the not with the nation holding
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	3		Plaza	Estate	of	_	-	S,	value at the end of the reporting period where real property held for investment, lete address.  The interest in a privately-held business lidy traded, state the name of the business lidy traded, state the name of the business required its activities, and its geographic k.A.  Personal residence, including second cation homes (unless there was rental the reporting period); any deposits totalless in personal checking or savings any therefal interest in, or income a federal retirement program, including gs Plan.  se, you may indicate that an asset or is brintly held with your spouse (SP) or dependent is that of your spouse (SP) or dependent in the felt.  se, you may indicate that an asset or is pointly held with your spouse (SP) or dependent in the felt.	nd/ nassed
Credit	Mobil	Stanley		ıte	FL	1st Bank of Paducah, KY accounts	Simon & Schuster	Mega Corp. Stock	set the end of the reporting period real property held for investment, address.  terest in a privately-held business terest in a privately-held business raded, state the name of the business and residence, including second its activities, and its geographic in a period); any deposits totaling period; and the period of period o	BLOCK A Or Inco I held for inv market value range period surces of inc nearmed inc mes of sto nbols). I not exertic if not exertic if and exertic which he of the help
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× ×	×	A MARCHANICA		<u>₩</u>	100	3 177	1	×		Amount of Income  For retirement accounts that do not allow you to choose specific investments <u>Or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), 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.
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### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME Name Lois J. Frankel 5

BOOK A   Sept and/or Income   Source   Source	BLOCK C   BLOC		Ş,	DC JT,											
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S\$,000,001 - \$25,000,000   X	S5,000,001 - \$25,000,000	Value	B C D E	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	×		×	×	×						
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#### SCHEDULE III - LIABILITIES

Name Lois J. Frankel

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ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobites, household furni-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 ture, 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 sib-

JT DC,	Creditor  Example: First Bank of Wilmington, DE	Date Liability Incurred mo/year		\$15,001	\$50,001-	は日本組織を開発ということ	\$100,001	\$100,001	\$100,001	× \$100,001—	\$100,001— T \$250,000 T \$250,000 T \$500,001— \$1,000,000 T \$1,000,000 T
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	2011					×	×	X
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#### SCHEDULE IV — POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization): and positions solely of an honorary nature.

and positions solely or an inchiorary nature.	KILUTO.
Position	Name of Organization
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#### SCHEDULE V — AGREEMENTS

ame Lois J. Frankel	
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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.

Total piction	GIR Justin manners wy as services of the	
Date	Parties To	Terms of Agreement
Vested 2002	State of Florida	Pension
	Self	Retiree Life Insurance, Retiree VEBA,
3-31-11	City of West Palm Beach	Retiree Health Insurance

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services