<u>\$</u>	Yes	sactions, or liabilities of a spouse or dependent child with the Committee on Ethics.	" income, trans	<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.
₹ <b>X</b>	Yes	d certain other "excepted trusts" need not be disclose	on Ethics and 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?
S	HESE QUESTIONS	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	it be answered and or each "Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No O	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.
X	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<b>₹</b>	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.
<b>₹</b>	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.		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.
X	ive any reporting Yes	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.	X	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.
×	ing 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.	×	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.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
, and a second	30 days late.	Termination Tank 2, 13 30		Report Annual (May 15, 2012)  Amendment
ssessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Status Member of the U.S. State: M1550UR1  House of Representatives District: 2.
TIVES TI	U.S. HOUS COMES ESSESSIBLY TATIVES			
	2013 JAN 17 PM 2: 00	Daytime Telephone:	Daytime 1	Name: WILLIAM TOOD KIN
Page 1 of	JAN 0 9 2013	Form A For use by Members, officers, and employees	MENT	CALENDAR YEAR THE FINANCIAL DISCLOSURE STATEMENT

### Name WILLIAM TOOD AKIN

Page 2

# 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	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
STATE OF MISSOURI	2310X	8
	-	

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$\boldsymbol{\omega}$	MERRILLY WCH RETRE	SALEM KHOB LLS (EDENNIS)	13380 POWET & COURT STILDVIS	AKIN FAMILY PARTY	MISSOURI STATE PENSION		Examples:	SP Mega Corp. Stock	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.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the 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 a personal checking or saving accounts; and any financial interest in, or income derived from, a federal 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 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.	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 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 native only
									None >	12 9 y 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					C	L	Ē		\$1 - \$1,000	Indicate reporting method please si lf an assu year and generate "None."
X	- No.	, i e e	. 7/5		700	L	Indefinite	-	\$1,001 – \$15,000	tted specific
	X			×	7	$\vdash$	<del>-</del>	×	\$15,001 – \$50,000 <sup>17</sup>	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."
				<u> </u>		×	•	^	400,001 4100,000	Value of Asset a lue of asset a lue of asset a lear. If you use her than fair macify the method u was sold during the included only income, the value
		×	<u> </u>		W1 122	H			\$160,001 - \$250,000 TO	ue of Asset  of asset at close  If you use a valuat than fair market val the method used.  sold during the report cluded only because me, the value should
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						T		_	NONE	55000305430
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		ന			Z			X	CAPITAL GAINS	integration of the same of the
									EXCEPTED/BLIND TRUST	Type of inco  Type of inco  Check all columns the retirement accounts that you to choose specific in that generate tax-defe (such as 401(k) plans (may check the "Fax-Defe Dividends, interest, gains, even if reinvest disclosed as income. (if the asset generated noting the reporting period.)
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	HUMUHA				COME		Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 "Fax-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.
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				<del>  ` ` ·</del>	K	1-	$\vdash$	×	\$1,001 - \$2,500 <	Amount of Income ats for which you checke in Block C, you may che olumn. For all other asse category of income by copriate box below. Diveled, must be disclosed, must be disclosed check "None" if no income generated.
			<del> </del>	<del></del>	É	×			\$2,501 ~ \$5,000 <	unt of in which you which you ck C, you For all off fo
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			$\vdash$		<u>†</u>	t			Over \$5,000,000 ×	Tax- the the king king was
				·				S (partial)	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

Name WILLIAM TODO AKIN

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Continuation Sheet (if needed)

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### SCHEDULE V— LIABILITIES

Name WILLIAM TOOS AKIN

Page Vor 6

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. 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

SP,		Date Liability Incurred		2				∞ T E	21- O ₹	000	000 -	2 000
DC, JT	Creditor	Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000 \$50,001-	\$100,000 \$100,001-	\$250,000 \$250,001- \$500,000	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0 Over	\$50,000,0
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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 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.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

### SCHEDULE VIII—POSITIONS

Name WILLIAM TODD AKIN

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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-

tions), and positions solely of an inchorary materio.	oral y name.
Position	Name of Organization
LIMITED PARTUER	AKIN FAMILY PARTNERSHIP LP
ME MBER	SOLON KNOW LLC

## 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
2000	TODO AKIN ALL STATE OF MO.	CONTRACTOR COUNTERON - PENSION