

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - December 31, 2011

Name: George William (Bill) Foster Daytime Telephone: \_\_\_\_\_

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**POSTMARK<sup>5</sup>  
ILLEGIBLE**  
LEGISLATIVE RESOURCE CENTER

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>IL</u> District: <u>11</u>	Date of Election: <u>Nov 6, 2012</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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 II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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?

Yes ☐ No ☒

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.

Yes ☐ No ☒

**SCHEDULE I - EARNED INCOME**

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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) 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.

Source	Type	Amount
Brookhaven National Laboratory	Spouse Salary	N/A

# SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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 (JT), in the optional column on the far left.</p>		<p>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 and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Promissary note for payments over time arising from sale of interest in Electronics Theatre Controls, Inc (ETC)	\$5,000,001 - \$25,000,000	None	NONE	
	HSBC Bank Savings Account	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Harris Bank Batavia (savings, checking, and money market accounts)	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Congressional Federal Credit Union (savings and checking)	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Northwestern Mutual Insured Bank Deposit IRA	\$50,001 - \$100,000	INTEREST	\$1 - \$200	

# SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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	Thrift Savings Plan G Fund	\$50,001 - \$100,000	None	NONE	
	TIAA Traditional Retirement Annuity	\$250,001 - \$500,000	None	NONE	
	CREF Stock Fund	\$250,001 - \$500,000	None	NONE	
SP	Teachers Federal Credit Union (savings, money market and checking)	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	

SP	TIAA Traditional Retirement Annuity	\$100,001 - \$250,000	None	NONE	
SP	TIAA Real Estate	\$50,001 - \$100,000	None	NONE	
SP	CREF Stock	\$100,001 - \$250,000	None	NONE	
SP	CREF Inflation-Linked Bond	\$50,001 - \$100,000	None	NONE	
SP	Fidelity Contrafund	\$100,001 - \$250,000	None	NONE	
SP	Fidelity Magellan	\$50,001 - \$100,000	None	NONE	
SP	Fidelity Intermed Bond	\$50,001 - \$100,000	None	NONE	
SP	Thrift Savings Plan G Fund	\$100,001 - \$250,000	None	NONE	
SP	Thrivent Mid Cap Stock Fund -A	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
SP	Thrivent Partner International Stock Fund - A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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SP	Thrivent Money Market Fund - A	\$1,001 - \$15,000 DIVIDENDS	\$1 - \$200
SP	Thrivent Large Cap Stock Fund - A	\$100,001 - \$250,000 DIVIDENDS	\$1,001 - \$2,500
SP	HSBC Savings	\$1 - \$1,000 None	NONE