	ild hics. Yes 🗌 No 🗹	come, transactions, or liabilities of a spouse or dependent child se" unless you have first consulted with the Committee on Ethics.	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liberated because they meet all three tests for exemption? Do not answer "yes" unless you have first
	Yes 🗌 No 🗹	se on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ned disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
	STIONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE
		schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
	and the appropriate	Each question in this part must be answered and the appropriate	V. (more than \$10,000) during the reporting period? Yes W No
		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	outside Yes 🗸 No 🗌	Did you have any reportable agreement or arrangement with an outside IX. entity?	IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No
		If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
	ing in the Yes No 🗸	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1,000 at the end of the period?
		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
	e travel or an \$350 Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period? Yes No
		If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	legift in	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
. •		DUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
	more than 30 days late.	Termination Date:	Report Type Annual (May 15) Amendment Termination
	be assessed against	Employee	House of Representatives District: 01
	COF 2000 BEHARY MISH	Employing Office: U.S. HOUS	Filer Member of the U.S. State: UT
•		(Daytime Telephone)	(Full Name)
E		202-225-0453 2012	Robert William Bishop
	LEGISLATIVE RESOURCE CENTER	LEGIST	
EKEU	TANU DELIVERED	For use by Members, officers, and employees	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
i I		FORM A Page 1 of 6	UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

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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	Туре	Amount
Utah State Retirement System	Educator Pension	\$29,283.15

					—.	
T	JT	If you so choos spouse (SP) or optional colum	Exclude: Your (unless there w \$5,000 or less in, or income do Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or ot	ASSe identify (a) each a value exceeding reportable asset "unearned" inco Provide complete For all IRAs and (i.e., plans in white investments), proreporting threater conly the name of reporting period.
Invesco Large Cap Growth Fund	America First CU Accounts Box 9199, Ogden, UT 84409	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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$6,000 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.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address.	Asset and/or income Source loantify (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 "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 retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.
\$1,001 - \$15,000	\$15,001 \$50,000		<u></u>			Ye Value At close If you use method c market vi specified included generate value skx
00 1-	01 -					BLOCK B Year-End 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 and is included only because it is generated income, the value should be "None."
DIVIDENDS/CAPI TAL GAINS (non-directed)	INTEREST					BLOCK C 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(t) plans or iRAs), you may check the "None" 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.
\$1 - \$200	\$1 - \$200					Amount of Income 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 "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.
						BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE V - LIABILITIES

Name Robert William Bishop

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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 mortgates on personal residences.

	SP, DC, JT
America First Credit Union	Creditor
Jun 2006	Date Liability Incurred
Home Equity Line on personal residence	Type of Liability
\$100,001 - \$250,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop Page 5 of 6

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 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, 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 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

0	~	~	~	DC - Berlin/Wittenberg - Salt Lake City, UT	Jun 26 - Jul 1	US Assn of Former Members of Congress
0	Υ	Υ	~	Salt Lake City, UT - Berlin/Frankfurt - DC	Feb 23-28	German Marshall Fund of the US
Days not at sponsor's expense	Was a Family 3? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE IX - AGREEMENTS

Name Robert William Bishop

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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.

System public school teacher	Dec 2002 Myself and the State of Utah Retirement Continuing participati	Date Parties To
public school teacher	Continuing participation in retirement pension program as a former	Terms of Agreement