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| M 2012 MAY 15 PM 2: 39 | LECISLATIVE RESOURCE SENI | |
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against anyone who files more than A \$200 penalty shall be assessed

PRELIMINARY INFORMATION — **ANSWER EACH OF THESE QUESTIONS**

| the onse. | vered and Yes" respo | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | No | Yes No | 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. |
|--------------|-------------------------|--|----------------|----------|---|
| ∑ | Yes | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | N _O | Yes No | 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. |
| × | 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. | <u>8</u> | Yes No | 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. |
| ™ | 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. | \$ | Yes | 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. |
| No. | 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. | 8 □ | Yes No □ | 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. |

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 dependent child?

Yes

<u>Z</u>

Yes

8

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.

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Page Z 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 bene | benefits received under the Social Security Act. | purity Act. |
|---|--|---------------|
| Source | Туре | Amount |
| Keene State | Approved Teaching Fee | \$6,000 |
| Examples: State of Maryland | Legislative Pension | \$9,000 |
| Civil War Roundtab | Spouse Speech Spouse Salary | \$1,000 NA |
| Comm. of PA, St. Employees Retirement System | Lugulative Persian | \$4510 |
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME BLOCK A BLOCK C

reportable asset or sources of income which generated the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production Asset and/or Income Source

not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year.

value at the end of the reporting period. the name of the institution holding the account and its account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific For **all IRAs** and other retirement plans (such as 401(k) plans) that are self-directed (*i.e.*, plans in which you have ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the

vide a complete address. For rental or other real property held for investment, pro-

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O

o

Exclude: Your personal residence, including second tion in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-

ing \$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 income during the reporting period); any deposits totalnomes and vacation homes (unless there was rental

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. If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements

None

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\$1,001 - \$15,000

\$15,001 - \$50,000

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

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Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting

ing the reporting period.

Type of Income

if the asset generated no income duryou to choose specific investments or Dividends, interest, and capital Check all columns that apply. For disclosed as income. Check "None" gains, even if reinvested, must be may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you that generate tax-deferred income retirement accounts that do not allow

BLOCK D

assets for which you checked Amount of Income i S Indicate if the reporting \$1,000 in (E) exceeding or exchanges (P), sales (S) ransaction purchases asset had BLOCK E

| | earned or generated. |
|--------|--|
| year. | income. Check "None" if no income was |
| repor | reinvested, must be disclosed as |
| \$1,00 | interest, and capital gains, even if |
| (E) es | the appropriate box below. Dividends, |
| or ex | cate the category of income by checking |
| Đ S | "None" column. For all other assets, indi- |
| purch | Deferred" in Block C, you may check the |
| asse | For assets for writer you checked tax- |

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| | | | | | | | | | EXCEPTED/BLIND TRUST | |
| | | | | | | | | | TAX-DEFERRED | |
| | | | | | | | Royalties | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | |
| | | | | | | | | | None | _ |
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For additional assets and unearned income, use next page

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Name Todd R. Plath

Page 4 of

| <u></u> | | | | | | | | Ţ | | | | | | | | | | | l* | 120 | SP, DC, | - | Conti |
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SCHEDULE IV— TRANSACTIONS

Name Todd R. Plats

Page S of

| | | | | | | | Columbia Suligna Comm + Infi Find (Bines) X | Tay Fun | DCZ AA Treesury 529 Glaze Fund (Me, Control) | DCZ PA Tracking 529 Gllage Find (Tritle In) | TX1 PA Tracery 529 College Ford (Mo. Codite | DCI PA Trucky 529 College Find Grithel IN | SP Example: Mega Corporation Common Stock (partial sale) | the purchase or sale or your income. If only a portion of "partial sale"). See example ains — if a sales transaction heck the "capital gains" box a | resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- | Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that |
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| | | | | | | | 12/21 | 3/24,6/28 | martily | 5-18-11 | monthly | 5-18-11 | 10-12-11 | Quarterly, Monthly, or Bi-weekly, if applicable | (MO/DAY/YR) | Date |
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| | | | | | | | | | | | | | | \$50,000,000 | | |

SCHEDULE V— LIABILITIES

Name Todal Q. Platts

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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 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 mortgages on personal residences.

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|---|---|---|-------------------------------------|--|---------------------|
| , | | Colonial Sowings | Example: First B | | |
| | • | مسائع | First Bank of Wilmington, DE | Creditor | |
| | | 11/2010 | May 1998 | Liability Incurred Mo/Year | Part. |
| | 3 | 11/2010 Mortgageon 1240 Caldole D. York | Mortgage on 123 Main St., Dover, DE | Type of Liability | |
| | | | | \$10,001- \$15,000 | |
| | | | | \$15,001- \$50,000 | |
| | | | | \$50,001- \$100,000 | |
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| | | | - | \$1,000,000 " \$1,000,001- | Amount of Liability |
| | | | <u> </u> | \$5,000,000 \$5,000,001 | ٧ |
| | | | | \$25,000,000 \$25,000,001- \$50,000,000 | |
| | | | | Over \$50,000,000 | |

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

or were paid by you and reimbursed by the sponsor. 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 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 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

spouse or dependent child that is totally independent of his or her relationship to you **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

| | 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 |
| Lyannpico. | | Aug. 6–11 | DC—Los Angeles—Cleveland | Υ | Y | Υ | 2 Days |
| Amari | American Israel Roblic Affeires Comm Aug. 13-21 | Aug. 13-21 | A 70-1918 PL-Logicar-of-rived Pol-20 | אל | ۲ | ረ | None |
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