| 8 | s. Yes | 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. | sets, "unearned" in ? Do not answer "y | Have you excluded from this report any other assets, "unearned" income, transactions, or lic because they meet all three tests for exemption? Do not answer "yes" unless you have first | Exemptions H | |
|-----------------------------------|------------------------------|--|--|--|--|-----|
| Yes No 🗸 | Yes 🗌 | 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? | ved by the Committ details of such a trus | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your st | Trusts- Do | |
| | STIONS | ATION ANSWER EACH OF THESE QUESTIONS | JST INFORMA | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWEI | XCLUSION OF | اسا |
| | | schedule attached for each "Yes" response. | | ttach Schedule V. | If yes, complete and attach Schedule V | |
| ropriate | and the appi | Each question in this part must be answered and the appropriate | Yes No | 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 IX. | | ittach Schedule IV. | If yes, complete and attach Schedule IV. | |
| □ 8 € | outside Yes | Did you have any reportable agreement or arrangement with an outside IX. entity? | Yes No | Did you, your spouse, or 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 VIII. | | stach Schedule III. | If yes, complete and attach Schedule III. | |
| S | ing in the Yes | Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year? | Yes V No | 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? | | Ŧ |
| | | If yes, complete and attach Schedule VII. | | attach Schedule II. | If yes, complete and attach Schedule II. | |
| No No | le travel or an \$350 Yes | 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)? | Yes No | 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 VI. | | attach Schedule I. | If yes, complete and attach Schedule I. | |
| □ 8 S | le gift in herwise Yes | 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)? | Yes V No | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? | Did you or your spouse or more from any source | - |
| | | QUESTIONS | | FORMATION ANSWER EACH OF THESE | PRELIMINĂRY INFORMATION | |
| • | late. | ation | ☐ Termination | Annual (May 15) | (☑) | |
| 0 days | more than 30 days | Termination Date: | | | Report | T |
| d against | be assessed against | Employee | | House of Representatives District: 02 | | |
| A \$200 penalty shall ESENTATIVES | A \$200 pena | Officer Or Employing Office: | | Member of the U.S. State: PA | Filer & Me | |
| iecQnly) Har or car | Officeite | (Daytime Telephone) | | (Full Name) | | |
| UN 2012 MAY 15 PH 5: 20 | U/ 2012 H | 202.225.4001 | | Chaka Fattah | | |
| LEGISL ATIVE RESOURCE CENTER | LEGISL, | | | | i | |
| HAND DELIVERED | HAND I | FORM A Page 1 of 4 For use by Members, officers, and employees | TATIVES | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT | UNITED STAT | |
| | | | | | | 1 |

SCHEDULE I - EARNED INCOME

Name Chaka Fattah

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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.

| NBC Universal Spouse Salary N/A PA State Employee Retirement System Self - Pension \$4,586 | Source | Туре | Amount |
|---|-------------------------------------|---------------|---------|
| Self - Pension | NBC Universal | Spouse Salary | N/A |
| | PA State Employee Retirement System | | \$4,586 |

Name Chaka Fattah

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| | | income | | | |
|--|---|--|--|--|--|
| N/A | \$2,501 - \$5,000 | Other: Pension Reported as | \$50,001 - \$100,000 | PA State Employee Retirement System | ဟ |
| N/A | NONE | Other: 401 (K) | \$100,001 - \$250,000 | GE Common Stock | SP |
| | | | | 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. | If you so spouse (optional |
| | | | | 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. | Exclude: You (unless there \$5,000 or less in, or income 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 an or state the location |
| | Ci germi atec. | | | For rental or other real property held for investment, provide a complete address. | For renta |
| | 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 reported. | 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. | specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | 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. | For all II (I.e.,plan investme reporting only the reporting |
| sales (S), or exchanges (E) exceeding \$1,000 in reporting year. | investments or that generate tax- deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other | do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs). | At close of reporting year. If you use a valuation method other than fair market value, please | 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.) | reportab "unearnı Provide |
| Transaction Indicate if asset had purchases (P). | Amount of Income For retirement accounts that do not allow you to choose specific | Type of Income Check all columns that apply. For retirement accounts that | Year-End Value of Asset | Asset and/or income Source dentify (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 | identify (|
| BLOCK E | BLOCK D | вгоск с | ВLОСК В | BLOCK A | |

SCHEDULE VIII - POSITIONS

Name Chaka Fattah

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educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any

| Position | Name of Organization |
|------------------|----------------------------|
| SP: Board Member | Philadelphia Museum of Art |
| | |