

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

Name:

*BILL ROSEN*

Daytime Telephone: *202-225-3674*

2013 APR 30 PM 3:13

**HAND DELIVERED**  
 RESISTANCE RECORDS UNIT

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

**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"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input 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**

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

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**BLOCK E**  
**Transaction**

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

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

BUILT

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\* This column is for assets solely held by your spouse or dependent child.

SP	<i>Example:</i>	Mega Corporation Common Stock (partial sale)
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A	\$1,001-\$15,000
B	\$15,001-\$50,000
C	\$50,001-\$100,000
D	\$100,001-\$250,000
E	\$250,001-\$500,000
F	\$500,001-\$1,000,000
G	\$1,000,001-\$5,000,000
H	\$5,000,001-\$25,000,000
I	\$25,000,001-\$50,000,000
J	Over \$50,000,000
K	Over \$1,000,000* (Spouse/DC Asset)

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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.

**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.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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None

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# **SCHEDULE VIII—POSITIONS**

Name

*Bill Foster*

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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 other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>PRESIDENT</i>	<i>FOSTER &amp; CO., INCORPORATED - A FLORIDA CORPORATION</i>
<i>PRESIDENT</i>	<i>BOULDER REPORT CORP - A FLORIDA CORPORATION</i>

# **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
<i>NONE</i>		