PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION 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? they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics excluded from this report details of such a trust benefiting you, your spouse, or dependent child? 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 III. 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. **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering? If yes, complete and attach Schedule V. If yes, complete and attach Schedule IV. 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? Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Name: (tolleen Haviabusa CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? Report Type Status Filer Annual (May 15, 2013) House of Representatives Member of the U.S. Distric State: ANSWER EACH 9 Yes Yes Yes Yes Yes endment **OF THESE** Daytime Telephone: 202-225-2726 **8** ٥ S <u>Z</u> 중 Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VIII of filing in the current calendar year? If yes, complete and attach Schedule VII. period (worth more than \$350 from one source)? VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VI. 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)? VIII. Did you hold any reportable positions on or before the date For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" response **Employing Office:** Each question in this part must be answered and the - ANSWER EACH OF THESE QUESTIONS Termination Form A Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELIVERED LECTOLATIVE RESCURCE CENTS. <u>ر</u> 2013 KAY 14 PH 3: 56 E(Office Dee Only) And West Yes Yes Yes Yes Yes Yes Yes **Z Z** No. <mark>2</mark> Ş S 0 <u>8</u>

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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 benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Boundtable (Oct 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
State of Hayaaii Employee Retirement	Rehiment	\$67,186.00
State of Hawaii Employee Retirement	Spouse Retirement	
	,	

and is included only because it generated income, the value should be "None." For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the spouse or dependent child. Spouse or dependent child.
o + = o
For an ownership interest in a privately-held business A B C D E F G H I that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>uniless</i> 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.
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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet. None \$1,000 \$1,001 - \$50,000 \$50,001 - \$500,000 \$250,001 - \$1,000,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000
SP
1st Bank of Paducah, KY Accounts
State of Hawaii Retirement Listed on Schedule
Stade of Hawaii Retirement Listed on Schedule

SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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

Position	Name of Organization
in the second se	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

		•	January 20(1	Date	
			January 2011 State of Hawaii and Myself	Parties To	
			continued participation in state pursion plan	Terms of Agreement	