Form A

UNITED STATES HOUSE OF REPRESENTATIVES

\$   <u>X</u>	Yes	child becaus	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	"income, trans st consulted w	<b>EXEMPTION</b> —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.
No No	you Yes	sclosed. Have	d certain other "excepted trusts" need not be disuld?	on Ethics and dependent chil	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?
SNC	EACH OF THESE QUESTIONS	)F THES	- ANSWER	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	answered al	must be ed for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>o</sub>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes  Yes
No ⊠	with Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.
	date Yes	or before the	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>s</u>	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.
~ ∑	ng Yes	d receive any in the reportire)?	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.	<b>₹</b>	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 No	re Yes	d receive any pregating mor	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.	No 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?  Yes If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
es more man	against anyone who mes more than 30 days late.	30 days late	Termination Date:		Report (May 15, 2012)  Amendment
be assessed	A \$200 penalty shall be assessed	A \$200 J	r Employing Office:	Officer or Employee	Filer  Member of the U.S. State: M/N  House of Representatives District: 8
ikinyec [1	U.S. HOUSE (Office Use DIN) ATTY	U.S. HÖÇ			
2: 15	2012 AUG 15 PH 12: 15	2012	Daytime Telephone: よひみよみちんよけ	Daytime T	Name: Chip Cravaack
CERT	ATIVE RESCURCE CENTE	12021			
ERED	LAND DELIVERED		Form A For use by Members, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

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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.

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Course	- 700	2000
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Novo Nordisk		X.
Nelta Air Line Pilots Disability and Survivorship Trust		92,273.44

Diversified Bond	Pilots ER Stock Fund	Intl. Equity	Small Mid Cap	Large Cap Growth	Delta Pilots Savings Plan		Examples:	Sp Mena Corn Stock	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 rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business 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 (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.  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 tar left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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 newer even if not everyised to select the specific	Provide complete names of stocks and mutual funds (do	the end of the reporting period, and (b) any other reportable asset or sources of income which generated	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Asset and/or Income Source	BLOCK A
X	>					×	Indefinite	×	None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$1,000,000  \$1,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$0  \$25,000,001 - \$50,000,000  \$0  \$25,000,001 - \$50,000,000	If an asset was sold during the reporting year and is included only because it generated income, the value should be	please specify the method used.	method other than fair market value,	Indicate value of asset at close of	Value of Asset	ВLОСК В
X						×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income dur-	(such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column.	you to choose specific investments or that generate tax-deferred income	Check all columns that apply. For retirement accounts that do not allow	Type of Income	вгоск с
						×	×	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       <	reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	the appropriate box below. Dividends, interest, and capital galns, even if	"None" column. For all other assets, indi- cate the category of income by checking	For assets for which you checked "Tax- Deferred" in Block C, you may check the	Amount of Income	BLOCK D
							4	S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	reporting year.	(E) exceeding \$1,000 in	(P), sales (S), or exchanges	asset had	Indicate if the	BLOCK E

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Chip Cravaack

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SP Continuation Sheet (if needed) =8 SP Edward Jones Money met Edward Jones Money mx+ · Well's Fargo Advantage Scott Trade Roth IRA-CASH Novo Novaisk Stock Nory mutual And ridelitu Asset and/or Income Source Novo Tax-deterna 171 Return Bords Eurolacitic Gr R5 Whole lite Insurance Traditional Traditional IRA cash Farm Universal Lite Global Am. Funds Nordisk Nordisk Stock **BLOCK A** ACCOUNTS IRA-cash 1/10th これと た None 8 \$1 - \$1,000 O \$1,001 - \$15,000 0 \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B щ \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income = \$1 - \$200 \$201 - \$1,000 7 BLOCK D \$1,001 - \$2,500 < \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ **≦** \$15,001 - \$50,000 \$50,001 - \$100,000  $\bar{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E пφъ

## **SCHEDULE V— LIABILITIES**

Name Chip Cravaack

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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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a 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 mortgages on personal residences.

						brack	moun L	ᅉᆫ	Amount of Liability			
SP.		Liability		<b>A</b>	8	ဂ -	DE	_	)-  -	) <b>"</b>	00 <sup>—</sup> 01	
٦ <u>,</u> 8%	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000 \$50,001-	\$100,000 \$100,001-	\$250,000 \$250,001-	\$500,000 \$500,001-	\$1,000,000 \$1,000,001-	\$5,000,000 \$5,000,001-	\$25,000,000 \$25,000,001 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×					-
	Chase Bank	April 2000	April 2000 Mortgage on									
		-	Rice Lake,		X							
	Wells Fargo Home mortgage	July 2011 Most on	mort on Windham, NH									
	Wells Fargo Home Mortgage	ا اعد والعال	July 2611 Mortgage on North Branch, MN									<del>                                     </del>
	į										$\vdash$	$\vdash$

## 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

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	