ild hics. Yes \(\text{No } \(\text{V} \)	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.	ets, "unearned" Do not answer	Exemptions— Have you excluded from this report any other ass because they meet all three tests for exemption?	
Yes No	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?	ed by the Commi stails of such a tr	Trusts- Details regarding "Qualified Blind Trusts" approved to this report details report details.	
STIONS	ATION ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	ا ـــا
	schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
and the appropriate	Each question in this part must be answered and the appropriate	Yes V No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	_
	If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
outside Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes U	your spouse, or dependent child purchase, sell, or exchange any we asset in a transaction exceeding \$1,000 during the reporting	7
	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	!
ing in the Yes No 🗸	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	:
e travel or an \$350 Yes No V	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 S	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	1
herwise Yes No	VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt?	Yes 🕢 No 🗌	l. or more from any source in the reporting period?	
		OF THESE	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	1_
late.	ation	☐ Termination	Type (A) Annual (May 15) Amendment	
more than 30 days	Termination Date:		Report	- 1
be assessed against anvone who files	Employee		<i>(</i> A	
A \$200 penalty shall	Employing Office:		Filer Member of the U.S. State: NY	
US HIEF (PATION LUSE ONLY)	(Daytime Telephone) U.S. H		(Full Name)	
2017 MAY 15 PM 5: 31	2022255936	S	REPRESENTATIVE EDOLPHUS TOWNS	
ET GIST ATTYE RESOURCE CENTER				
DELIVERED	FORM A Page 1 of 5 For use by Members, officers, and employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	
				1

Yes

8 **≪**

SCHEDULE I - EARNED INCOME

Name REPRESENTATIVE EDOLPHUS TOWNS

Page 2 of 5

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.

\$1,000.		
Source	Туре	Amount
FIRST BAPTIST CHURCH OF BROWNSVILLE	APPROVED RELIGIOUS SERVICE	\$1,000
BETHANY BAPTIST CHURCH	APPROVED RELIGIOUS SERVICE	\$750
OFFICE OF MENTAL HEALTH PRACTITIONERS	SPOUSE MISCELLANEOUS INCOME	\$3,000

Ш	JT	J	JT	JT	SP	If you so choose, you may indispouse (SP) or dependent child optional column on the far left.	Exclude: Your p (unless there wa \$5,000 or less in in, or income de Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or oth	ASSe identify (a) each value exceeding reportable asset "unearmed" inco Provide complete For all IRAs and (i.e.,plans in whitinvestments), proreporting threshonly the name of reporting period.
LPL FINANCIAL	CONGRESSIONAL FEDERAL CREDIT UNION #2 CHECKING	CONGRESSIONAL FEDERAL CREDIT UNION #1 SAVINGS	BANK OF AMERICA-9520	BANK OF AMERICA-8155	AMERICAN GENERAL (AIG)	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.	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.	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 rental or other real property held for investment, provide a complete address.	ASSet and/or income Source Asset and/or investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other 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.) Provide complete names of stocks and mutual funds (do 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 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.
\$100,001 \$250,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$50,001 - \$100,000	\$1,001 - \$15,000		· .			Yalu At close If you us method market specify t If an ass included generate value sh
,001 - ,000)1 -)00)1 -)00	00)01 - ,000	000					Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
DIVIDENDS	INTEREST	INTEREST	INTEREST	INTEREST	INTEREST					Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(t) plans or IRAs), 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.
\$2,501 - \$5,000	NONE	\$1 - \$200	\$201 - \$1,000	\$1 - \$200	\$1 - \$200					Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other 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 generated.
										BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

딬 5 SP = Ξ 닠 \exists TEACHERS RETIRMENT SYSTEM WELLS FARGO BANK SUNLIGHT FINANCIAL HIGHLAND BLVD, BROOKLYN, 11207 NEW YORK COMMUNITY BANK-SAVINGS **BANK-CHECKING** NEW YORK COMMUNITY AMERICA-2481 **RENTAL PROPERTY-256** MERRILL LYNCH/BANK OF \$100,001 -\$250,000 \$50,001 -\$100,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$15,000 None \$1,001 -\$500,000 \$250,001 -Name REPRESENTATIVE EDOLPHUS TOWNS RENT None DIVIDENDS INTEREST INTEREST ANNUITY INTEREST NONE NONE \$1 - \$200 \$5,001 - \$15,000 \$201 - \$1,000 \$15,001 - \$50,000 \$1 - \$200 Page 4 of 5

SCHEDULE V - LIABILITIES

Name REPRESENTATIVE EDOLPHUS TOWNS

Page 5 of 5

furniture, or appliances; 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 mortgates on 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 all or part of it is rented out); loans secured by automobiles, household personal residences.

		_	
JT	JT	JT	SP, DC, JT
WELLS FARGO BANK	BANK OF AMERICA # 9520 RENTAL PROPERTY	BANK OF AMERICA-0755	Creditor
AUGUST 2011	DECEMBE R 2005	SEPTEMB ER 2003	Date Liability Incurred
MORTGAGE ON RESIDENCE. 286 HIGHLAND, BROOKLYN NY 11207	MORTGAGE ON 256 HIGHLAND BLVD,BROOKLYN.NY	MORTGAGE ON 4304 HAWKS NEST DRIVE, LUTZ.FL	Type of Liability
\$250,001 - \$500,000	\$250,001 - \$500,000	\$100,001 - \$250,000	Amount of Liability