#### PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, **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? V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? 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. 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 If yes, complete and attach Schedule V. income of more than \$200 in the reporting period or hold any they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics If yes, complete and attach Schedule III. reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. Name: **CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT** III. Did you, your spouse, or a dependent child receive "unearned" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the UNITED STATES HOUSE OF REPRESENTATIVES reporting period? Report Type Status Filer X WILLIAM TODS House of Representatives Member of the U.S. Annual (May 15, 2012) DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE District: State: MISSOUR! ANSWER AKIN Amendment Yes X Yes X Yes Yes. Yes **EACH** OF THESE Daytime Telephone: 202 225 2561 S 0 8 **X** र **X** 8 <u>ح</u> Officer or X Employee an outside entity? If yes, complete and attach Schedule IX. 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. of filing in the current calendar year? If yes, complete and attach Schedule VIII. reportable travel or reimbursements for travel in the reporting IX. Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VII. VII. Did you, your spouse, or a dependent child receive any VIII. Did you hold any reportable positions on or before the date period (worth more than \$350 from one source)? 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 Termination Form A Termination Date: A \$200 penalty shall be assessed 30 days late. against anyone who files more than HAND DELIVERED U.S. HOUSIDGE GRANDOWNTATIVES LEGISLATIVE RESOURCE CENTER 2012 MAY -9 QUESTIONS Yes Yes Yes X Yes X Yes Yes AM IO: 23 <u>₹</u> ٥ S O <mark>ک</mark> ö 8 X X X

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ATT	ROTHERA DUS STRATIGIC	ROTH THE HENNESSY	IRA GHSTELANON	TRA THVGGCO	MEDRIC CHUCH RESPONDENT			SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. <b>Exclude:</b> 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 far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	Asset and/or Income Source Identify (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 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.)  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	BLOCK A
X	X	X	X	X	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 \$25,000,001 - \$50,000,000 Over \$50,000,000	> B C C D M M M M M M M M M M M M M M M M M	of Asset asset at clos you use a valu n fair market v method used. d during the repoded only becau the value shou	вгоск в
X	×	×	×	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farr	m Income)	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(k) plans or IRAs), you may check the "Tax-Deferred" 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.	вгоск с
X	×	*	<b>X</b>	×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- = = < < < < \ \ \ \ \ \ \ \ \ \ \ \ \ \	which you checked "Tax-lock C, you may check the n. For all other assets, indigory of income by checking te box below. Dividends, I capital gains, even if must be disclosed as ck "None" if no income was perated.	BLOCK D
								S (partial)	See below for example.  P. P. S.	an asset is sold, please indicate as follows:  (S) (partial)	iransaction iransaction aset hat if the asset hat a purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name W. TODO AICIN

Page 3 of

坮 4 4 4 4 4 4 4 コ  $\exists$ g SP, Saken Knob LLC- But Dans Akin Family Partnership LP -13380 Pointe Compay Dr. St. Low BRUSTOL MY CAS SOUNDS Asset and/or Income Source 4P MORGAN THICKNATIONAL PAPER - 305 Compay Hill Rd, St. LOR Mercic LSI CORP. GOOD YEAR THE CK HERAL STONT BOX NOKIA trouter cour. とゆかくかりと CENERAL **BLOCK A** のいかってきる MOTOR S None σ \$1 - \$1,000 XXXXX × XX O \$1,001 - \$15,000 XX O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 G × \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 \_ XX XXX X NONE XX XXX **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) XXX X None XX Amount of Income \$1 - \$200 == ≡ \$201 - \$1,000 BLOCK D < \$1,001 - \$2,500 < \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ | | | \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Transaction BLOCK E ரைவை

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
The Heritage Foundation Jan 27-29 St. Louis - Los Armeles-St. Louis	Jan 2739	5t. Louis - Los Arneles-St.lani		7	7	NONE
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### **SCHEDULE VIII—POSITIONS**

Name W. Todd AKM

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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

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
Limited Partner	The Akm Family Partnership LP
	Salem Knob LLC

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

Date				
P				
Parties To				
			-	
Terms of				
Terms of Agreement				

#### SCHEDULE V— LIABILITIES

Name W. Todd Akh

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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.

			,				Αm	ount o	Amount of Liability	ity			
S S			Liability		V	ВС	٥	ш			0 -	0 _	0 _
٦,D,		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:	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE		$\vdash$	×			_	_		
	5 th	First Community Credit Union	April	Mortgage on 3370 Bouquet Road,			×						
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#### 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

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