| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spotthey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | 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? | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS | 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. | IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | 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. | 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. | 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 No If yes, complete and attach Schedule I. | PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | Type Annual (May 15, 2012) Amendment | Filer Member of the U.S. State: 14 Officer or Status House of Representatives District: 02 Employee | Name: David Ways Lock Stick Daytime | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT | |
|--|--|--|--|--|--|--|--|--|--------------------------------------|---|---|--|----------|
| nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics. | nd certain other "excepted trusts" need not be disclosed. | RMATION — ANSWER EACH OF THESE QUESTIONS | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | 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. | 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. | 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. | SE QUESTIONS | Termination Date: | Employing Office: | Daytime Telephone: 202-225-6574 M | Form A For use by Members, officers, and employees | |
| cause Yes No | Have you Yes No | ESE QUESTIONS | be answered and the each "Yes" response. | ment with Yes No | e the date Yes No | e any porting Yes No | g more Yes No | | 30 days late. | A \$200 penalty shall be assessed | 202-225-657 MC 2012 MAY 23 PM 2: 12 OFFICE OF THE CLERK | LLEGIBLE GENTER | DOSTNARK |

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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.

| 9 | Type Approved Teaching Fee Legislative Pension | Amount \$6,000 \$9,000 |
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| Iowa Public Employee Retirement Phasion | Spouse Ression | NA |
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BLOCK A

Asset and/or Income Source

Value of Asset BLOCK B

Type of Income BLOCK C

For assets for which you checked "Tax- asset had Amount of Income BLOCK D Transaction BLOCK E

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| ORE | 1 | CRE | TIAA | TIAH | - | Examples | 8 | water party or the manufacture water name of the report in value at the end of the report in value at the end of the report in vide a complete address. For an ownership interest in that is not publicly inaded, six ness, the nature of its activities from in Blook A. Exclude: Your personal resistances and vacation homes and vacation homes fromes and vacation homes accounts; and any financial into from, a federal retirement pro Savings Plan. If you so choose, you may in this form, a federal retirement and yours child (DC), or is jointly held with optional column on the far left. For a detailed discussion of S please retire to the instruction if | Identify (a) each asset he income with a tair mutte end of the reporting reportable asset or sour more than \$200 in "uner more than \$200 in "uner root use ticker symbols.) For all IRAs and other root asset over if not investments), provide the power, even if not investments, provide the power, even if not investments, provide the power investments. |
| | F (Sawith | REF Stock, | AA Rul Estate | Traditional | 1st Bank of Paducah, KY Accounts | Simon & Schuster | P Mega Corp. Stock | walue at the end of the reporting period. For sental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly inaded, state the name of the business, the nature of its activities, and its geographic location in Blook 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 Thritt 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 apouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet. | 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.) Frovide 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 |
| | | | | | | | | None > | 7.00 % = 0.00 mm |
| | | \times | | | نــا | ₹ | _ | \$1 - \$1,000 | indicate reporting method please si fi an assi year and generate "None." |
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| _ | X | | | × | H | | \dashv | \$15,001 - \$50,000 | indicate value reporting year. method other please specify the asset was year and is in generated inco "None." |
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| | - | | - | | - | - | | \$250,001 - \$500,000 | indicate 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 during the reporting year and is included only because it generated income, the value should be "None." |
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| | _ | - | ├─- | ┿ | | | × | DIVIDENDS | Check all columns that a retirement accounts that a retirement accounts that devou to choose specific investing that generate tax-deferre (such as 401(k) plans or it may check the "Tax-Deferre Dividends, interest, any galas, even if retirvested, disclosed as income. Che if the asset generated no in ing the reporting period. |
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| | | | | | | Royalties | | Other Type of Income (Specify: e.g., Partnership Income or Farm 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 galars, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. |
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| | _ | ╂ | ┼ | | ╂- | × | - | \$100,001 - \$1,000,000 👨 | For assets for which you checked "Tax-Deferred" in Block C, 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. |
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SCHEDULE IV- TRANSACTIONS

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| resulted in a capital loss. Provide a brief describion of any acchange trains- resulted in a capital loss. Provide a brief describion of any acchange trains- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (<i>l.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess | Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop- |
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| eck Box if Capital in Exceeded \$200 | |
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