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₹ 	Yes	because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Do not answer "y	because they meet all three tests for exemption? Do not answer "yes" unless you have first c	ľ
S	Yes	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?	ved by the Commit etails of such a tru		n →
	TIONS	ATION - ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	S
	response.	appropriate schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	=
	ind the	Each question in this part must be answered and the	Yes 🕢 No 🗆	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	.< 3 ₽
	,	If yes, complete and attach Schedule IX.	- Land	if yes, complete and attach Schedule IV.	-
₹ ₹	Yes	IX. entity?	Yes U No	reportable asset in a transaction exceeding \$1,000 during the reporting period?	?
	rekija	If yes, complete and attach schedule viii.		n yes, complete and attach schedule III.	2 =
 ₹	Yes	VIII. current calendar year?	Yes 🛛 No 🗌	any reportable asset worth	≡. 2
	7	If yes, complete and attach Schedule VII.		if yes, complete and attach Schedule II.	2 =
 ₹	n \$350 Yes 🗌	VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No W	reporting period?	.= 2
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	-
No K	gift in Yes	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	9 D
		QUESTIONS	OF THESE (PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRE
days	more than 30 days late.	Termination Date:	☐ Termination	Report Type Mannual (May 15) Amendment	Rej T)
y shall against	A \$200 penalty shall be assessed against anvone who files	Officer Or Employing Office:		Filer Member of the U.S. State: PA Status House of Representative District: 01	Fi St:
Only)	(Office Use Only)	(Daytime Telephone)		(Full Name)	
DELIVERED	DELIV	202-225-4731		Robert A. Brady	
	REPRESENTATION	FORM A Page 1 of 5 For use by Members, officers, and employeess of REPRESENTATIONS.	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	Ş₹
· ·	THE STATE OF	AMILYIN			

SCHEDULE I - EARNED INCOME

Name Robert A. Brady

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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.

Source	Туре	Amount
Philadelphia Redevelopment Authority	Spouse Pension	N/A
Philadelphia Writ Services	Spouse Salary	N/A
Independence Blue Cross	Spouse Salary	N/A
City of Philadelphia	Pension	\$8,727
Carpenters Pension Fund of Philadelphia	Pension	\$17,294

Δsc	BLOCK A Accest and for Income Source	BLOCK B	BLOCK C	BLOCK D Amount of Income
Identify (a) each value exceeding reportable assummed inc	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.	Value of Asset At close of reporting year. If you use a valuation method other than fair	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generats tax-deferred income	that apply. ounts that ochoose its or that red income
Provide compi	FIDVIDE COMPLETE SIBINES OF SICKS AND INJURAL FURNA (NO INJURSE UNIVERSALITATION).	specify the method used.	you may check the "None"	e None
For all IRAs and (i.e., plans in which (i.e., plans in which investments), proporting threshold in the proofing period.	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.	If an asset was sold and is included only because it is generated income, the value should be "None."	column. Dividends, interest, and capital gains, even if reinvested, must be disclose as income. Check "None" if the asset generated no inconduring the reporting period.	column. Dividends, interest, and capital gains, even if enivested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
For rental or of	For rental or other real property held for investment, provide a complete address.			
For an ownership in state the name of th location in Block A.	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.			
Exclude: Your (unless there w \$5,000 or less in, or income d Savings Plan.	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 choos spouse (SP) or optional colum	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.			
SP	Brigadoon Motel, LLC, motel Wildwood, NJ	\$15,001 - \$50,000	DIVIDENDS	S
	Carpenters Pension	\$250,001 - \$500,000	Other: (Pe	Pension)
:	City of Philadelphia	\$50,001 - \$100,000	Other: (F	Pension)
SP	D&B Investment, Inc.	\$1 - \$1,000	None/Ot (Pension	her:
	PA Turnpike	\$15,001 - \$50,000	None	
	Philadelphia Federal CU	\$500,001 - \$1,000,000	INTERE	ST

		Name Robert A. Brady	A. Brady		Page 4 of
SP	Philadelphia Federal CU	\$250,001 - \$500,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name Robert A. Brady

Page 5 of 5

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 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 personal residences.