Exemptions— 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.	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 ANSWE	 Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Each q	complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No I IX. entity?		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 Yes V No U VIII. current calendar year?	If yes, complete and attach Schedule 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? Yes I No VII. reimburse from one s	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No U VI. the reporting period?	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Type Annual (May 15)		<i>y</i> s	Eller	(Full Name)	GREGORIO KILILI CAMACHO SABLAN		UNITED STATES HOUSE OF REPRESENTATIVES FOR USE 1 CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT FOR USE 1
nctions, or liabilities of a spouse or dependent child by have first consulted with the Committee on Ethics. Yes ☐ No ☑	and certain other "excepted trusts" need not be Yes ☐ No ☑ You, your spouse, or dependent child?	ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside Yes No No	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the Yes 📋 No 🔽	If yes, complete and attach Schedule VII.	Did you, your spouse, or a dependent child receive any reportable travel or relimbursements for travel in the reporting period (worth more than \$350 Yes No V from one source)?	If yes, complete and attach Schedule 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 Yes No exempt)?	NS	late.	Termination Date: more than 30 days		Employing Office: US HOUSE OF REPRESENTATIVES	(Daytime Telephone)	(202) 225-2646 2012 MAY -7 PM 4: 50	LEGISLATIVE RESOURCE CENTER	FORM A Page 1 of 6 For use by Members, officers, and employees 1

/

SCHEDULE I - EARNED INCOME

Name GREGORIO KILILI CAMACHO SABLAN

Page 2 of 6

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
Northern Mariana Islands Retirement Fund Pension	Pension	\$35,355.36
DFS (Saipan) Ltd.	Spouse Salary	N/A .

_	_			_									
		ASS(identify (a) each value exceeding reportable asse "unearmed" inc	Provide complete For all IRAs and (i.e.,plans in whice investments), pro- reporting threshoonly the name of reporting period.	For rental or oth	For an ownership in state the name of the location in Block A.	Exclude: Your (unless there w. \$5,000 or less in in, or income de Savings Plan.	if you so choos spouse (SP) or optional column	SP	SP	SP	SP	SP	JT
	BLOCK A	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 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 publically 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 far left.	DODGE & COX INTL STK	FID CONTRAFUND	FID FREEDOM 2030	FID INT'L DISCOVERY	FIDELITY MAGELLAN	LOT 005 #01 SAIPAN
L		Val At clos	metho market specifi if an as include genera value s					\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	None	None	\$50 \$10
	BLOCK B	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.")01 -)000	001 - 000	001 - 000	Ф	Ф	\$50,001 - \$100,000
	BLOCK C	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	(such as 401(k) 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.					None	None	None	None	None	None
	BLOCK D	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 chack 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 nonerated.	i i				NONE	NONE	NONE	NONE	NONE	NONE
	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)	reporting year.		· · · ·	**		סי	ס		S	S	44.00

SCHEDU	SCHEDÜLE III - ASSETS AND "UNEARNED" INCOME		Name GREGORIO KILILI CAMACHO SABLAN	AN	Page 4 of 6
Sp	SPTN 500 INDEX INST	\$1,001 - \$15,000	None	NONE	
SP	TRP EQUITY INC ADV	\$1,001 - \$15,000	None	NONE	``

SCHEDULE IV - TRANSACTIONS

Name GREGORIO KILILI CAMACHO SABLAN

Page 5 of 6

transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	DODGE & COX INTL STK	P	A/N	7/22/11	\$1,001 - \$15,000
Sp	FID CONTRAFUND	P	A/N	6/23/11	\$1,001 - \$15,000
Sp	FID INT'L DISCOVERY	S	No	7/22/11	\$1,001 - \$15,000
SP	FIDELITY MAGELLAN	S	No	6/23/11	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name GREGORIO KILILI CAMACHO SABLAN

Page 6 of 6

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.

Northern Marianas Housing Corporation August Mortgage on Personal \$1 Loan #DF-50-97A 2002 Residence (not rented)	SP,	•	Date Liability		
Northern Marianas Housing Corporation August Mortgage on Personal Loan #DF-50-97A 2002 Residence (not rented)	JT	Creditor	Incurred	Type of Liability	Amount of Liability
2002	Τľ	Northern Marianas Housing Corporation	August	Mortgage on Personal	\$15,001 - \$50,000