	Yes No 🗸	ş <b>ə</b>	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	ssets, "unearned" i	Exemptions Have you excluded from this report any other a because they meet all three tests for exemption	E C
	Yes 🗸 No 🗌	; ; 1	ittee on Ethics and certain other "excepted trusts" need not be ust benefiting you, your spouse, or dependent child?	oved by the Commi	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain of disclosed. Have you excluded from this report details of such a trust benefiting you, your spo	7
	Yes 🗌 No 🕢	Υ.	itial Public Offering?	d as a part of an ini	) Did you purchase any shares that were allocated as a part of an initial Public Offering?	IPO
	ESTIONS	SE QUI	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	OR TRUST	IN EXCLUSION OF SPOUSE, DEPENDENT	IPO ar
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	lf ye
	) appropriate	and the	Each question in this part must be answered and the appropriate	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (mo
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	If y
	Yes No 🗸		Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting reported?	IV. reporta
	:		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	if y
	Yes No V		Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	Did you, your spouse, or a dependent child receive "uneamed" 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?	III. mor
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If y
	Yes No	옥	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 V	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?	ll. you
			If yes, complete and attach Schedule VI.	,	If yes, complete and attach Schedule I.	If y
	Yes No V		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?	l. or n
			THESE QUESTIONS		PRELIMINARY INFORMATION ANSWER EACH OF	PREL
	late.	late.		☐ Termination	Annual (May 15) Amendment	Туре
	more than 30 days		Termination Date:		5	3
	A \$200 penalty shall be assessed against anyone who files	A \$200 be asse	Officer Or Employing Office: Employee		Member of the U.S. State: NJ House of Representatives District: 01	Filer Status
	<sub>ப்ப</sub> (Office Use Only)	Hou(Off)	(Daytime Telephone) U.S		(Full Name)	
MC	84:11 WW 11 AW 11:0	OI3 MAY			Robert E. Andrews	
•	C. C					
	DELIVERED	0	FORM A Page 1 of 8 For use by Members, officers, and employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	CALE
	エハラ	-				

### SCHEDULE I - EARNED INCOME

Name Robert E. Andrews

Page 2 of 8

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
Rutgers Law School	Spouse Wages/Compensation	N/A
Context Capital Partners	Spouse Wages/Compesation	N/A
AYCO Charitable Foundation, New York	Spouse Wages/Compensation	N/A
Hill International	Spouse Wages/Compensation	N/A

SP	· SP	SP	JΤ	For a detailed discuinstruction booklet	If you so choos spouse (SP) or optional colum	Exclude: Your (unless there w \$5,000 or less i in, or income d Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or ot a description, o	For all IRAs an each asset held	Provide comple	Identify (a) eac value exceedin reportable assi "unearned" inc	Ass	
Morgan Stanley Retirement Money Market	Met Life Defined Contribution Plan, Hartford, CT (through Rutgers University ABP 401A Plan)	Hill International Stock	Citizens Bank of Pennsylvania Checking Account	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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 publicly 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 or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A
\$15 \$50	\$25 \$50	\$10 \$25	\$10 \$25			or dep	value * This	the re	specif	metho	Va Indica		
\$15,001 - \$50,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$100,001 - \$250,000			or dependent child.	value should be "None."  This column is for assets	the reporting year and is included only because it	specify the method used.	method other than fair	Value of Asset at close of asset at a solution.	Year-End	вгоск в
TAX-DEFERRED	TAX-DEFERRED	None	INTEREST					as income. Check "None" if the asset generated no income during the reporting period.	column. Dividends, interest, and capital gains, even if	(such as 401(k) plans or IRAs), you may check the "None"	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Type of Income	вгоск с
NONE	NONE	NONE	\$1 - \$200				generated by assets held solely by your spouse or dependent child.	or generated.	gains, even if reinvested, must be disclosed as income. Check	the appropriate box below.  Dividends, interest, and capital	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	Amount of Income	BLOCK D
										reporting year.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in	Transaction	BLOCK E

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

Page 4 of 8

	Olivo B Androws	200	Evcented Triet	\$50 001 - \$100 000 S	n
	Testamentary Trust (50%) remainder interest in Life Estate. NOTE: this trust was		(conferred with Committee) /CAPITAL GAINS		
	not created by the reported individual and the reporting				
	individual has no specific knowledge of the holdings of the trust.				
J	PNC National Bank Checking	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
Sp	Stock-PEPCO Holdings	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	The Hershey Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Verizon Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

#### SCHEDULE IV - TRANSACTIONS

Name Robert E. Andrews

Page 5 of 8

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. \* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Olive B. Andrews Testamentary Trust (50%) remainder interest in Life Estate. Excepted Trust (conferred with Committee) NOTE: this trust was not created by the reported individual and the reporting individual had no specific knowledge of its holdings.	S	Yes	05-23-12	\$50,001 - \$100,000

#### SCHEDULE V - LIABILITIES

Name Robert E. Andrews

Page 6 of 8

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. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: 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. \*This column is for liabilities held solely by your spouse or dependent child. Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

SP,		Date Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
	CCO MORTGAGE, A Division of RBS	September	Mortgage on personal	\$500,001 - \$1,000,000
	Citizens, N.A., Glen Allen, VA (NOTE: on	2011	residence Haddon Heights,	
-	last year's FD this was listed as RBS	_	NJ (not rented)	
	Citizens Bank of Pennsylvania, Riverside,	February	Home Equity Line of Credit	\$15,001 - \$50,000
	RI (NOTE: on last year's FD this was	2011		
-	listed as Citizens Bank Haddon Heights,	-		
	S)			

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert E. Andrews

Page 7 of 8

spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

The American Enterprise Institute	Source
March 9-11	Date(s)
March 9-11 Philadelphia, PA- Jacksonville, FL-Sea Island, GA-Philadelphia, PA	Point of Departure DestinationPoint of Return
Υ	Lodging (Y/N)
<b>Y</b>	Food? (Y/N)
Z	Was a Family 3? Food? Member Included? (Y/N) (Y/N)
NONE	Days not at sponsor's expense

FOOTNOTES	S	Name Robert E. Andrews	Page 8 of 8
Number	Section / Schedule	Footnote	This note refers to the following item
_	Schedule IV	This trust was dissolved May 2012	Olive B. Andrews Testamentary Trust