CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	For use by Members, officers, and employees	
	2013	2013 ATS 13 PA 5: 05
Name: Marlin Stutzman Daytime Telephone:	none:	Office Use Chirj
Filer       Member of the U.S.       State: IN       Officer or Employee         Status       X       House of Representatives District: 3rd       Employee	Employing Office: A \$200	\$200 penalty shall be assess
X Annual (May 15, 2013) Amendment	Termination Date: against anyong Termination 30 days late	against anyone wno liles more th 30 days late.
INARY INFORMATION — ANSWER EACH OF THESE	QUESTIONS	
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?  If yes, complete and attach Schedule I.  VI. Did yes, camplete and attach Schedule I.	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.	y Yes No
II. Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	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.	ing Yes X No
hild receive "unearned" period or hold any the end of the period?  Yes X No	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.	e date Yes X No
nsaction exceeding Yes No X	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	n with Yes No X
id have any reportable Yes X No a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	answered and the ach "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ON — ANSWER <u>EACH</u> OF THESE QUESTIONS	E QUESTIONS
IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?		Yes No
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?	other "excepted trusts" need not be disclosed. Hav	e you Yes No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or dependent child because Committee on Ethics.	Yes No

UNITED STATES HOUSE OF REPRESENTATIVES

Form A

ame	
Stutzman,	
Marlin	

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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.

Source	Source Type Am	Amount
İ	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Ave Laurenne Bridal (Ave Laurenne, LLC)	Spouse Salary	>\$1,000

Ford Motor Company	Fidelity VIP MidCap			Stutzman Farms	D (	College		Examples:	SP Mega Corp. Stock	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.	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 tederal 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.	vide 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.  For rental or other real property held for investment, pro-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identify (a) each asset held for investment or production of moome 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	SCHEDULE III—ASSETS AND
X	X			X	X		×	Indefinite	×	None \$1 - \$1.000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$1,000,00 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000 \$25,000,001 - \$50,000 Spouse/DC Asset ove	000 0,000 0,000	A B C D E E E E E E E E E E E E E E E E E E		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	Value of Asset	BLOCK B	-ASSETS AND "UNEARNED" INCOME
X	X	ASCS Paymen	Income	X	X		×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND T TAX-DEFERRED Other Type of Income (Specify: e.g., Partnersh		ncome)		income. Check "None" if the asset generated no income during the reporting period.	HAS), you may check the "lax- Deferred" column Dividends, inter- est, and capital gains, even if rein-	appi at d cific i ax-de ax-de		BLOCK C	Name Stutz
X	X	nt X	X	X	X		×		×	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 - \$1,000,00 \$1,000,001 - \$5,000 Over \$5,000,000 Spouse/DC Income of	,000					t 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,		BLOCK D	Stutzman, Marlin Page
									S (partial)		<del></del>	an asset is sold, pleasu indicate as follows:	If only a portion of	7	t \$1,000 in f reporting year	asset had purchases (P), sales (S, or exchanges (E) exceeding	Indicate if the	BLOCK E	1 1 1

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Stutzman, Marlin

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Continuation Sheet (if needed)

			IL						:							SP				SP. DC,	
, m	Salon)	F56dericksbufgar Yda1	Ave Laurenne, LLC	Thrift Savings Plans	ynamics	Rothan IRA-Fidelity VIP		Roth IRA-Focused Appreciation	Walue IRA-Small Cap	Real Estate Securities	Roth IRA-Research International Core	Roth IRA-International	Bond IRA-High Yield	Roth IRA-Fidelity VIP	Ngfthyestern Mutual	Nggrhyggtern Mutual	Retirement Investment	Indiana PERF 100%	Gold Investment		BLOCK A Asset and/or Income Source
				X	X	X	X	X	X	×	×	Х	×	X	×	X			X	None       ▶         \$1 - \$1,000       □         \$1,001 - \$15,000       □         \$15,001 - \$50,000       □	<
			X														X			\$50,001 - \$100,000 m \$100,001 - \$250,000 m \$250,001 - \$500.000 G	BLOCK B Year-End Value of Asset
																				\$1,000,001 - \$5,000,000	Set
				X	×	×	×	×	×	×	×	×	×	×	×	×	×		X	Over \$50,000,000	
																				RENT INTEREST CAPITAL GAINS	BLOCK C Type of Income
			LLC					l												EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership	me C
				×	×	×	×	X	×	×	×	×	×	×	×	×	×		×	Income or Farm Income	
			×																	\$201 - \$1,000 \(\equiv \) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\f	B Amoun
																				\$5.001 - \$15.000 \( \leq \) \$15.001 - \$50.000 \( \leq \)	BLOCK D Amount of Income
																				\$50,001 - \$100,000 \(\sum_{\text{s}}\) \$100,001 - \$1,000,000 \(\sum_{\text{s}}\) \$1,000,001 - \$5,000,000 \(\sum_{\text{s}}\) Over \$5,000,000 \(\sum_{\text{s}}\)	ome
			P																	Spouse/DC income over \$1,000,000° ≚	BLOCK E Transaction

This page may be copied if more space is required.

### SCHEDULE V— LIABILITIES

Name Stutzman, Marlin

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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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child. 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

							Amou	킭	Amount of Liability			
SP.		Liability		A	B	0	m	71	<u>.</u>	0 <u>T</u>	0 -	
J 0 3	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,001-	\$100,000 \$100,001- \$250,000	\$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 Spouse/DC Liability Over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×						
JT	John Deere Financial	2/07	Farm Equipment		×	, , , , , , , , , , , , , , , , , , ,						
JT	Indiana PERF	4/09	Borrowed on Retirement Funds	×								
JT	Midwest Ag Finance	4/12	Farm Equipment LOC			×						-
JT	Wells Fargo Bank	5/09	Indiana Mortgage			×						
JT	Fifth Third Mortgage	2/11	Virginia Mortgage					X			$\vdash$	

#### **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
NONE		

# SCHEDULE V- LIABILITIES (Continuation Sheet)

Name Stutzman, Marlin

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close of the preceding calendar year exceeded \$10,000. This column is for liabilities held solely by your spouse or dependent child. 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 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: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

					$\neg$			A	Amount of Liability	ř Liab	₹			
SP.			Liability		٧	В	င	0	ш			1-	ن د	<b>×</b>
7T DC.		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	\$25.000.003 \$50.000.003	Ove: \$50,000,000	Spore United
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×						
JT	Divers	Diversified Financial	3/11	Farm Equipment			×							
JF	Wells	Wells Fargo Bank	6/11	Home Equity		×	-			<del> </del>		]		
														1

#### 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
NONE		

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Marlin

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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 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 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

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 not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	~	2 Days
The Heritage Foundation	Jan. 25-27	DC-Philadelphia-DC	А	γ	Y	None

## SCHEDULE VIII—POSITIONS

Name Stutzman, Marlin Page 8 of 8

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
Proprietor	Stutzman Farms
Chairman of the Board	Ave Laurenne, 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	Parties To	Terms of Agreement
	NONE	