PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS **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? IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? 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. 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 IV. If yes, complete and attach Schedule III. 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? they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because If yes, complete and attach Schedule V. III. Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Name: **CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES reporting period? Report Type Status Filer フタマロみて Annual (May 15, 2012) House of Representatives Member of the U.S. TARY — ANSWER EACH OF THESE QUESTIONS State: District: けっしているろ Amendment Yes X Yes Yes 🔀 Yes X Yes Daytime Telephone: 202-225-<u>ک</u> No No **Z** š X ŏ Employee Officer or an outside entity? If yes, complete and attach Schedule IX. period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII. reportable travel or reimbursements for travel in the reporting 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 Did you have any reportable agreement or arrangement with VIII. Did you hold any reportable positions on or before the date reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. VI. Did you, your spouse, or a dependent child receive any For use by Members, officers, and employees appropriate schedule attached for each "Yes" response **Employing Office** Each question in this part must be answered and the Termination Form A Termination Date: なな against anyone who files more than A \$200 penalty shall be assessed OFFICE OF THE CLERK U.S. HOUSE(OFFIBE DISC SEN)JATIVES LEGISLATIVE RESOURCE CENTER 2012 MAY 15 PM 3: 01 DELIVERED Yes Yes Yes Yes Yes 💢 HANDS 1 of 5 8 S S **Z** <u>۷</u> 8 8 X X

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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. 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

						TRUST CHICAGO		Ontario County Board of Education 7 East A Prise to 1		Keene State	Source	
							SALARY	Spouse Salary	Legislative Pension Spouse Speech	Approved Teaching Fee	Туре	
						18764	4,582	NA	\$9,000 \$1,000	\$6,000	Amount	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name (0	ongressman Hultgeen Page	₩
BLOCK A	вгоск в	BLOCK C	вьоск в	BLOCK E
Asset and/or Income Source	Value of Asset	_	Amount of Income	Transaction Indicate if the
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.	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.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you	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 ,	asset had purchases (P), sales (S), or exchanges (E) exceeding
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 second that exercise the reporting thresholds.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	may check the "lax-Deferred" 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.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	\$1,000 in reporting year.
ment 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.	A B C D E 7 G ±		- III III IV V VI VIII VIII IX X XI	If only a portion of
For rental or other real property held for investment, provide a complete address.		me)		sold, please
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.		or Farm Inco		follows: (S) (partial) See below
Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	BLIND TRUST	500 000 ,000 0,000 00,000 1,000,000 \$5,000,000	ple. Sy , p
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.		AX-DEFERF	None 61 - \$200 6201 - \$1,00 61,001 - \$2,5 62,501 - \$5,6 65,001 - \$1 6100,001 - \$1 61,000,001 - \$0 Over \$5,000,000	m
SP. Sp. Mega Corp. Stock	×	×	×	S (partial)
Examples:	$\cdot -$			
JT 1st Bank of Paducah, KY Accounts	X	×	×	
DIT TRA CHARLEY SCHUNG	X	X	X	ى د
(money Musiket)				

SCHEDULE V— LIABILITIES

Name Congress Man Hultgren

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mortgages on personal residences. 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 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 during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a 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

•		4	4			
		JT	57		SP, DC, JT	
		HANTHORNE CATEBIT THE TIL	Astonia Federal, NY	Example: First Bank of Wilmington, DE	Creditor	
ı	1	7-2003	6-2003	May 1998	Date Liablity Incurred Mo/Year	ļ
		The 7-2003 HOME EQUITY - WINGEW, I	Houseage on Winner Jacob	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
					\$15,001- \$50,000	
 		X			\$50,001- \$100,000	
				× -	\$100,001- \$250,000 \$250,001-	nomA
			X		\$500,000 m	nt of L
				-	\$1,000,000 T	Amount of Liability
					\$5,000,000	•
					\$25,000,000 - \$25,000,001- \$50,000,000	
					Over \$50,000,000	

SCHEDULE VI— GIFTS

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.

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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description
		\$375	Value

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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?	Number of days not at sponsor's expense
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
Intelligent Transportation Sec. of America	Qt.15-19	Winfield IL - Orlanda Fl Winfield	<u>u</u> /	<u> </u>	Z	Nove
Hereta, Fdt. Fdt. Jan. 26-30 ORD -> 24X -> ORD	Ju. 26-30	ORD-JAX-JORD	~	4	4	Non
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