PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS 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 V. \$1,000 during the reporting period? If yes, complete and attach Schedule IV. 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. 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? or exchange any reportable asset in a transaction exceeding III. 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 more than \$1,000 at the end of the period? Name: UNITED STATES HOUSE OF REPRESENTATIVES 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 IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. 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 CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT reporting period? Type Status MICHAGE RICHARD TOMPED Annual (May 15, 2012) House of Representatives Member of the U.S. District: State: Amendment Yes X ég X Yes Yes Yes Daytime Telephone: 3/6, ₹ |X Z Z <u>Z</u> ₽ × Officer or Employee iX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII. 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. of filing in the current calendar year? If yes, complete and attach Schedule VIII. VIII. Did you hold any reportable positions on or before the date VII. 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 393-6830 Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. η / 2012 JUN -8 PH 12: 22 U.S. HOUSE OF REPRESENTATIVES DELIVERED LEGISLATIVE RESCURSE CENTER (Office Use Only) HAND Page 1 of 1 Yes Yes Yes Yes Yes ĕ ₹ × ₹ |X <u>₹</u> ž X **₹** 8

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Page 2 of 11

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.

Exclude:	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Secu	urity Act.
	Source	Туре	Amount
		Approved Teaching Fee	\$6,000
Evernoles:		Legislative Pension	\$9,000
Lyanipias.	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	NONE		

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2011 Aug. 13, 2011	\$2,000 \$500

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BEST BUY (SIN)	J TONK STEHET	VANGUAR (UTHA)	Norman Horas life In	(KALONS ROTAL CLOSING	CARLYSIC of WILLIAM	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	For an ownership interest in a privately-heid business that is not publicly 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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts which are not sen-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.	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) that
	×		X			×	Indefinite	×	None \$1'-\$1,000 \$1,001 - \$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 - \$5,000,000 \$5,000,001 - \$50,000,000 Over \$50,000,000	A G C D E E E E E E E E E E E E E E E E E E	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
X	X					×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or FarmJncome)	ome)	BLOCK C Type of Income Check all columns that apply. 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 check the "fax-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.
			×			×	×	×	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 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	= = = = = = = = = = = = = = = = = = =	Amount of income 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, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
								S (partial)		portion of an asset is sold, please indicate as	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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9 8 ဌ Asset and/or income Source FOOD MOTUL COMPINES SUNCTIONAL WIND LAUERSY FUND **BLOCK A** DECEMBER OF STATES TRA HUM > None Φ \$1 - \$1,000 O \$1,001 - \$15,000 Ō \$15,001 - \$50,000 Value of Asset LLI \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 Ω Ω \$250,001 ~ \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 7 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income \$1 - \$200 Shows \$201 - \$1,000 BLOCK D \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ≍ Over \$5,000,000 Transaction BLOCK E ரைவ

SCHEDULE IV- TRANSACTIONS

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SCHEDULE IV— TRANSACTIONS

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				\$25,000,001- \$50,000,000	
				Over \$50,000,000	1

SCHEDULE V— LIABILITIES

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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. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; 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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

ဇ္ဌ	JT,		4				
	Creditor	Example: First Bank of Wilmington, DE	CAPITUL FEDREAL SAVINGS				
Date Liability	Incurred Mo/Year	May 1998					
	Type of Liability	Mortgage on 123 Main St., Dover, DE	HUNGAGE ON BOPEHAG.				
Þ	\$10,001- \$15,000						
B	\$15,001- \$50,000						
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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
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Page 10 of 11

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed by the sponsor.

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	(Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	٧	Υ	۲	2 Days
CLUB FOR GROWTH	MAR. 3-6	DC-ALLI BACK K-	Α	Y	Y	None
		Knowscirajks		•		
AMERICAN ISPARI FROCHONTO. ACO 2+28 WICHTA, KS-TOLAVIV, ISANO!	Acq 2+28	WICHITA, KS-TOLAVIV, ISANO!	Y	Y	Y	Nove
	<i>C</i>	WICHITA, KS				

SCHEDULE VIII—POSITIONS

Name MICHAGE RICHARD POLIFICO

RICHARD POLIFICO Page 22 or 11

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,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

	Name of Organization
NONE	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

Date	Parties To	Terms of Agreement
	NONE	
	-	