

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

James A. Himes
(Full Name)

202-225-5541
(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State: CT District: 4
☐ Officer Or Employee

Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

(Office Use Only)

2012 JUL 17 PM 5:17

PRELIMINARY 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. If yes, complete and attach Schedule II. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James A. Himes

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>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.</p> <p>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.</p> <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.</p>		<p>At close of reporting year.</p> <p>If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>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 "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.</p>	<p>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 "None" column. For all other assets, indicate the category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
DC	CHET High Equity Option 529 Plan	\$50,001 - \$100,000	None	NONE	
DC	CHET High Equity Option 529 Plan	\$100,001 - \$250,000	None	NONE	
SP	Fidelity Magellan IRA	\$15,001 - \$50,000	None	NONE	
	Fidelity Intl Cap Appreciation Fund IRA	\$15,001 - \$50,000	None	NONE	
	Spartan Total Market Index Fund IRA	\$15,001 - \$50,000	None	NONE	
	Fidelity Capital & Income IRA	\$50,001 - \$100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Microsoft Corp Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	NGP Capital Resources Stock	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	
JT	Columbia Value and Restructuring Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Fidelity Intl Discovery Fund	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Fidelity Intl Small Cap Fund	\$50,001 - \$100,000	DIVIDENDS/CAPIT AL GAINS	\$1,001 - \$2,500	
JT	Fidelity Intl Cap Appreciation Fund	\$100,001 - \$250,000	DIVIDENDS/CAPIT AL GAINS	\$1,001 - \$2,500	
JT	Spartan Total Mkt Index Fund	\$500,001 - \$1,000,000	DIVIDENDS/CAPIT AL GAINS	\$15,001 - \$50,000	
JT	Fidelity Cap Appreciation Fund	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
JT	Fidelity Intl Real Estate Fund	\$15,001 - \$50,000	DIVIDENDS/CAPIT AL GAINS	\$1,001 - \$2,500	
JT	GS Asia Equity Fund	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
JT	GS Small Cap Value Fund	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
JT	Fidelity CT Muni Market Fund	\$250,001 - \$500,000	INTEREST	\$1 - \$200	
	Stone Street Fund 1999 LP	\$1 - \$1,000	CAPITAL GAINS	\$1 - \$200	
	GS Direct Investment Fund 2000 LP	\$15,001 - \$50,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Chase Workplace Checking	\$1,001 - \$15,000	None	NONE
JT	Chase Moneymarket Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200
DC	Chase Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200

SCHEDULE V - LIABILITIES

Name James A. Himes

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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 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 mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Chase Bank	Oct 1998	Mortgage on 197 Valley Rd., Cos Cob, CT	\$250,001 - \$500,000

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James A. Himes
(Full Name)

202-225-5541
(Daytime Telephone)

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CT	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:
				A \$200 penalty shall be assessed against anyone who files more than 30 days late.

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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? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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SCHEDULE VIII - POSITIONS

Name James A. Himes

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Fairfield County Community Foundation
Advisory Board Member	Greenwich Alliance for Education