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For use by Members, officers, and employers AND DELIVERED

LEGISLATIVE RESOURCE CENTER

**CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT** 

UNITED STATES HOUSE OF REPRESENTATIVES

r Z	child because Yes	actions, or liabilities of a spouse or dependent child because th the Committee on Ethics.	" income, transa rst consulted wit	r assets, "unearned ' unless you have fi	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	they a
s No	closed. Have you Yes	certain other "excepted trusts" need not be disc	on Ethics and o	d by the Committee	<b>TRUSTS</b> —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?	TRUS
STIONS	F THESE QUES	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	T, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION $-$ A	EXC
ed and the response.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	table Yes	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.	V. Did liabilit <b>If yes</b>
No No	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	Yes	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? If yes, complete and attach Schedule IV.	IV. Di or ex \$1,00
No No	or before the date Yes	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.	No -	ned" Yes	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? If yes, complete and attach Schedule III.	III. Did incom repor <b>If yes</b>
No X	d receive any n the reporting Yes e)?	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.	8   <u>X</u>	Yes	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.	II. Did lieu o repor <b>If yes</b>
Yes No		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.	No	as or Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	I. Did fees) If yes
		QUESTIONS	OF THESE	- ANSWER EACH	PRELIMINARY INFORMATION — ANSI	PRE
to illes more than	against anyone who mes more than 30 days late.	Termination Date:		Amendment	Report Annual (May 15, 2012)	1 Z
hall be assessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee		Filer Member of the U.S. State: Status House of Representatives District:	8 F
2012 MAY II PM 12: 38  OFFICE OF THE CLERK S. HOUSE OF THE SENTIATIVES	2012 MAY 1 1 PM 12: 38  OFFICE OF THE CLERK U.S. HOUSE OF THE SENTATIVES	elephone: (031-289-6500)	Daytime Telephone:		Name: Timothy H. Bishop	Nar

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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.

Exclude: Williamy pay (addit as transition and addit of these we pay), revenue temention programs, and benefit	enemia received diluer the oddiar decomy Act.	curry Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
The Children's School	Spouse Salary	\$47 ISO
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TIAA Real Estate Acct	TIAA Real Estate Art	CREF Stock Acct	CREF Stock Acct	TIAA Traditional Acct	TIAA Traditional Acct			SP Mega Corp. Stock	ment accounts which are not senr-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.  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.  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.	Asset and/or income Source  Asset and/or income Source  Asset and/or income Source  Identity (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 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 retire-
×	*	×	×	×	×	×	Indefinite	X	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 - \$5,000,000   \$0  \$25,000,001 - \$50,000,000   \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0	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	><	<b>×</b>	×	×	×	×	Royalties	X     X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments $\underline{\alpha}$ that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-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       X         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)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Timothy H. Bishop

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Continuation Sheet (if needed)  BLOCK A  Asset and/or Income Source			Cref Bond Market	Net life Insurance	TFCU Sowings Acct														7 10 10 10 10 10 10 10 10 10 10 10 10 10			
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	<u>ი</u>	61,001 - \$15,000		X	_ <u> </u> X			_		ļ		_									_	
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BLOCK C Type f Incom	ST	EXCEPTED/BLIND TRUST	╁	+-	+			-		-		-	<u> </u>									
13 011	<u> </u>	AX-DEFERRED		-	+				<u> </u>	-		-									_	
Am		Other Type of Income Specify: e.g., Partnership Income or Farm Income)																				
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BLOCK D Amount of Income	=	\$1 - \$200		·	<b>&gt;</b>				<u> </u>	<u> </u>		_	_					ļ			_	
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## SCHEDULE V— LIABILITIES

Name Timothy H. B. Shop

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.

;			ら		SP, DC, JT	House and a
			20	Example:		011 60100
		ر	wews Fargo	First Bank of Wilmington, DE	Creditor	mongages on personal residences.
				May 1998	Date Liability Incurred Mo/Year	
			Hortgage on personal residen	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			R		\$10,001- \$15,000	]
					\$15,001- \$50,000	
					\$50,001- \$100,000	
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					\$5,000,000 \$5,000,001- \$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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
NAICH	Public Service Award	41600-
		i.