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Yes No Yes No No Yes No No Yes No No Yes No No No Yes No No No Yes No	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS 1. Did you or your spouse have "earned" income (e.g., salaries or VI. Did you your spouse or a dependent child receive any	Status Member of the U.S. State: ACVADA Officer or Employing Office: House of Representatives District: Ot Employee Report Type A \$200 penalty shall be assessed A \$200 penalty shall be assessed	Daytime Telephone:	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees DELIVERED
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Page Z of 8

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.

						AMCRICAN MEMORIAL LIFE INSURANCE	UNIVERSITY OF MY-LAS VIGGAS	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	$\overline{}$	Keene State	Source	
						ANNUITY CASH SPOUSE	SPOUSE SALARY	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
						NA	MA	NA	\$1,000	\$9,000	\$6,000	Amount	

	≍ં	PRUDENTIAL LIFE INSURANCE X	PRODENTIAL LIFE INSURANCE	AVACIFICD PLAN	TIAA CREF RETIREMENT BUALIFIED PLAN X			SP Mega Corp. Stock X	oose, you may indicate that an asset or a is that of your spouse (SP) or dependent is jointly held with your spouse (JT), in the in on the far left. O 000 11 5,000 11,00	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.	property," and a city and state. For an ownership interest in a privately-held business A B C D that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	plans) provide the value for each asset held in the spouse or dependent child. Spouse or dependent child. For rental or other real property held for investment, provide a complete address or a description and frantal		Indicate value of asset at close of reporting of income with a fair market value exceeding \$1,000 at year. If you use a valuation method other than the end of the reporting period, and (b) any other fair market value, please specify the method reportable asset or sources of income which generated used. The provided Holicate value of asset at close of reporting of the method value, please specify the method reportable asset or sources of income during the year. If an asset was sold during the reporting year.	Asset and/or Income Source	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
IFE X	MEMORIAL NCC IRA	PANCE	KE	ETIREMENT	PLAN	Sank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000	personal residence, including second lication homes (unless there was rental the reporting period); any deposits totalless in a personal checking or saving any financial interest in, or income derived retirement program, including the Thrift	» В С			2452	•	ILE III—ASSETS AND "UNEA
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	-								\$1,000,001 – \$5,000,00	00	×	This column is for income generated by ssets held solely by your spouse or spendent child.	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	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 ,		
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								S (partial)		follows: (S) (partial) See below for exam- ple.	If only a portion of an asset is sold, please indicate as		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction Indicate if the	

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

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ASSETS AND "LINEARNED" INCOME

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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-

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			NA	Position
				Name of Organization

SCHEDULE IX—AGREEMENTS

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 employee welfare or benefit plan maintained by a former employer.

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		7 4	Date	
	THENO NV PRESS	STATE OF NV PERS CARSON CITY, NV	Parties To	
	ROYALTIES FOR BOOK PUBLISHED IN 1786; REPRINCED	LEGISLATIVE PENSION THAT WILL PAY \$500 POR	Terms of Agreement	