PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS Name: 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. 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? they meet all three tasts 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 excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you If yes, complete and attach Schedule III. III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any 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. If yes, complete and attach Schedule IV. reportable asset worth more than \$1,000 at the end of the period? II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the If yes, complete and attach Schedule II. reporting period? CALFINDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Report Type Status House of Representatives Member of the U.S. Annual (May 16, 2011) State: District: **ANSWER EACH OF THESE QUESTIONS** 15 T Amendment Yes 7 Yes Yes Yes Yes 8 O Daytime Telephone: 202) 225-3671 8 <u>₹</u> 8 8 7 Employee Officer or an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII. reportable travel or reimbursements for travel in the reporting 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 period (worth more than \$335 from one source)? than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. If yes, complete and attach Schedule VII. reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response. **Employing Office** Each question in this part must be answered and the Termination Form A ermination Date: 30 days late. against anyone who files more than A \$200 penalty shall be assessed HAND DELIVERED U.S. WOUSE BPORPHINESE WITH DISTATIVE RESOURCE CLARE 2011 KAY -4 PK 4: 40 Yes Yes Yes 1 Yes V Yes Yes ₹ 7 <u>Z</u> <u>Z</u> <u>Z</u> <u>Z</u> <u>ه</u> ۲

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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.

Source State State State of Maryland Civil War Roundtable (Oct. 2nd) State of Maryland State	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Fetirement Stronge Fetirenent	\$6,000 \$9,000 \$1,000 NA
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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 enverlope for transmitting the list is included in each Member's filing package.

							HOHE		Association of American Associations, Washington, DC	Source
								Article	Speech	Activity
								Aug. 13, 2010	Feb. 2, 2010	Date
								\$500	\$2,000	Amount

Asset

DC, Examples:

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Wachovia Bank	SUNTRUST BANK	CADE CANAWAY, FL	20 H	ROCKLEDGE, FL	2	1st Bank of Padu	Examples:	SP Mega Corp. Stock	walue 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 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 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
		X	X	×			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 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	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	X		X	X	×	Royalties	XXX	NONE DIVIDENDS: RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income 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 "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.
X		X	X				X	X	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$100,001 - \$100,000 ₹ \$1,000,001 - \$6,000,000 X Over \$5,000,000 X	Amount of Income Amount of Income Amount of Income 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. 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 follows: (S) (partial) See below for example. P, S, E	Iransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	BLOCK A Asset and/or Income Source						GITYWHIT Y BUKARU GOOD WAG	Swar-Asent Co. Rencos	SOCK-ROCKED WE TRACK GOO	Stract Judges CARS CORP	spac-house-become i Lor	Spock-Rowers Comman Clus															
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E		C		000	1 – \$15,	\$1,00	X				区	X															
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	BLOCK B Year-End Value of Asset	П			01 – \$10																	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$					
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SCHEDULE IV— TRANSACTIONS

Type Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that	Type of Transactio	<u> </u>	Date			Amc) unt	of Tr	ଅନ୍
esulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- fren, or the purchase or sale of your personal residence, unless it gener-	<u> </u>	Capital ed \$200	(MO/DAY/YR)	>	Œ	ဂ	0	m	I
tes rental income. If only a portion of an asset is sold, please so indi- tate (i.e., "partial sale"). See example below.	HASE	Box if	Quarterly, Monthly, or			0	0	0	1.
Capital Gains — if a sales transaction resulted in a capital gain in excess \$200, check the "capital gains" box and disclose this income on Schedule	SALE	Check Gain E	Bi-weekly, if applicable	1,001- 15,000	15,001 50,000	50,001 100,00	100,00 250,00 250,00	500,00	500,00

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-	of Transaction	Type	<u>*</u> }) } }			>	<u>.</u>	<u>}</u>	3	} *	Š		
erty held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss Provide a brief description of any exchange trans-	2	_		al 00	Date]	_ <u>-</u>	2					
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	<u> </u>			Capita ed \$20	(MO/DAY/YR)	>	Φ	O	0	m	71	ଜ	I	-	۲
ates rental income. If only a portion of an asset is soid, please so indicate (i.e., "partial sale"). See example below.	HASE		IANGE	Box if xceede	Quarterly, Monthly, or			0	0	0	000	900	,000	,001-	,000
Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	PUR	SALE	EXC	Check Gain E	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,	\$1,000, \$5,000,	\$5,000, \$25,000	\$25,000 \$50,000	Over \$50,000
JT															
SP Example: Mega Corporation Common Stock (partial sale)		×			10-12-10		×								
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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.

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	SP, DC,
PHASE FINANCIAL	Creditor Example: First Bank of Wilmington, DE
Mar. Zoolo	Date Liability Incurred Mo/Year
MARZACE MORTENE OF SON MISTIC DE.	Type of Liability Mortgage on 123 Main St., Dover, DE
	\$10,001- \$15,000
	\$15,001- \$50,000
	\$50,001- \$100,000 C
	\$250,000 \$250,001-
	\$500,000 T S S S S S S S S S S S S S S S S S
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	\$5,000,001- \$25,000,000 ±
	\$25,000,001- \$50,000,000
	Over \$50,000,000 -

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 Report the source, a brief description, and the value of all gifts totalling more than \$335 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

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
Troll		

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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 \$335 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? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2		Z	Z	Z	None
	Aug. 6–11	eland	Υ	Y	Υ	2 Days
HEARLY TOURSHIP	Jay. 14-16	JAI.14-16 DC- CHARLOTEVILLE DC	人	く	SPOSE	Nove
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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,

zations); 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 organi-

Position Position	HOSEY & Co. RENEDOS - A FLORIDA CORR
PRESIDENT-WATUR	(20 UKLIBUE REACTY COMP - A FLORDA CORP.

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.

Date	Parties To	Terms of Agreement
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