	મીd hics. Yes □ No ☑	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.	hearmed" inc answer "ye	sets, "ur ? Do not	Exemptions— Have you excluded from this report any other as because they meet all three tests for exemption	
	Yes No 🗸	ee on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?	he Committe such a trus	ved by th details of	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse,	
	STIONS	TION - ANSWER EACH OF THESE QUESTIONS	FORMA	NI TSI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EA	_{[m}
					If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes No		Did you, your spouse, or a dependent child have any reportable liability (more Y. than \$10,000) during the reporting period?	<
		If yes, complete and attach Schedule IX.			if yes, complete and attach Schedule IV.	
	Yes No 🕄	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No	g S	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	7
		If yes, complete and attach Schedule VIII.			if yes, complete and attach Schedule III.	
	ing in the Yes 🛂 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	8 √	Did you, your spouse, or a dependent child receive "uneerned" income of III. 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 VII.			If yes, complete and attach Schedule II.	
	en travel or an \$335 Yes ☐ No 🖈	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one sources).	Yes No	Yes	Did arry individual or organization make a donation to charity in lieu of paying III. you for a speech, appearance, or article in the reporting period?	F
		If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	
	te gift in the Yes No W	Old you, your spouse, or a dependent child receive any reportable gift in the VI. reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes No	Yes 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 i. or more from any source in the reporting period?	
		UESTIONS	HESE G	OF T	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS]
	more than 30 days late.	Termination Date:	Termination		Report Type Annual (May 15) Amendment	<u> </u>
	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee			Filer Member of the U.S. State: IL Status House of Representatives District: 10	!
*Co	(Office Use Only)/// S	(Daytime Telephone)			(Full Name)	Γ
7		847-441-8300 U.S.			ROBERT J. DOLD, JR.	
	ZIII MAY 13 PH 1:49	7				
	OF ATYE RESOURCE OLNIL	FORM A Page 1 of 8 For use by Members, officers, and employees	VES	TATI	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	<u> </u>
ブロフ	こAS フコスコ					1

SCHEDULE I - EARNED INCOME

Name ROBERT J. DOLD, JR.

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

* - y =		
Source	Туре	Amount
ROSE EXTERMINATOR CO., INC.	SALARY	\$121,560
DEPARTMENT OF THE TREASURY	SPOUSE SALARY	N/A

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name ROBERT J. DOLD, JR.	J. DOLD, JR.		Page 3 of 8
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
ASSE Identify (a) ea a fair market v and (b) any ot more than \$20	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.	Year-End Value of Asset at close of reporting year. If you use a	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Transaction indicate it asset had purchases (P), sales (S), or exchanges (E)
Provide complete symbols.) For all IRAs and a self-directed (i.e., exercised, to self asset held in the retirement account of the institution reporting period.	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 the name of the institution holding the account and its value at the end of the reporting period.	than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	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	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	\$1,000 in reporting year.
For rental or o	For rental or other real property held for investment, provide a complete address.		period.	Service St. Service stock.	
For an owners publically trac activities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: You vacation home	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting nariod): any deposits totalism et AM or less in a nazzonal chanting or				
	414 FRONTAGE ROAD, NORTHFIELD, IL	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
	MCDONALD'S INC STOCK	None	CAPITAL GAINS	\$5,001 - \$15,000	S
	KELLOGG INC. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	WINTRUST FINANCIAL CORPORATION STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	PROCTER AND GAMBLE INC. STOCK	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	BP STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

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IRA - KEELEY SMALL CAP VALUE FUND CLASS A STOCK CORP STOCK CISCO SYSTEMS INC. STOCK **AMERICAN INTERNATIONAL** PLAN - PRINCIPAL COMPANY, INC. 401(K) ROSE EXTERMINATOR AMERICA CLASS C INTERNATIONAL FUND PFD STOCK TD AMERITRADE HOLDING DELL INC. STOCK **GROUP STOCK** IRA - GROWTH FUND OF INVESTORS CLASS A IRA - FUNDAMENTAL IRA-DODGE & COX **IRA-ENTERGY ARK INC. 4.72** TIME WARNER INC. NEW \$1,001 -\$15,000 \$1,001 -\$15,000 \$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$15,000 \$1,001 -\$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$1,001 -\$15,000 \$1,001 -\$15,000 \$50,000 \$15,001 Name ROBERT J. DOLD, JR. DIVIDENDS DIVIDENDS DIVIDENDS **DIVIDENDS** DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$1 - \$200 \$1 - \$200 Page 4 of 8

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JANUS ORION FUND J

SERVICES STABLE VALUE

MORLEY FINANCIAL FINANCIAL GROUP -

SIG FUND

SHARES - TRADITIONAL IRA

\$1,001 -\$15,000

DIVIDENDS

\$1 - \$200

SCHEDL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name ROBERT J. DOLD, JR	T J. DOLD, JR.		Page 5 of 8
ЯР	AMERITRADE IRA ROLLOVER - INSURED DEPOSIT ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	AMERITRADE IRA ROLLOVER - INTEL CORP. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
:	ALL OUTSTANDING UNITS OF ROSE PEST SOLUTIONS,	\$250,001 - \$500,000	NET INCOME FROM THE	NONE	
	LLC D/B/A IMPERIAL PEST MANAGEMENT - A PEST MANAGEMENT COMPANY LOCATED IN THE RACINE WISCONSIN AREA		ACHVILY		
	30% OF ALL OUTSTANDING STOCK OF ROSE EXTERMINATOR CO., INC A PEST MANAGEMENT COMPANY LOCATED IN	\$1,000,001 - \$5,000,000	DIVIDENDS	NONE	
	20% OF ALL OUSTANDING UNITS OF FOUNTAINHEAD	\$15,001 - \$50,000	RENT	\$201 - \$1,000	
-	PARTNERS, LLC - A RENTAL PROPERTY LOCATED IN MICHIGAN CITY INDIANA	-			

SCHEDULE IV - TRANSACTIONS

Name ROBERT J. DOLD, JR.

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

TIM	MC	JT SP,
TIME WARNER CABLE	MCDONALD'S CORP STOCK	Asset
8	S	Type of Transaction
N _O	Yes	Capital Gain in Excess of \$200?
12/30/10	12/30/10	Date
\$1,001 - \$15,000	\$15,001 - \$50,000	Amount of Transaction

SCHEDULE V - LIABILITIES

Name ROBERT J. DOLD, JR.

Page 7 of 8

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.

		,		
SP,	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
T	CHARTER ONE BANK		MORTGAGE ON 414 FRONTAGE RD. NORTHFIELD IL 60093	\$500,001 - \$1,000,000
	SALLE MAE		STUDENT LOAN	\$15,001 - \$50,000
	WUNDERLICH SECURITY		LOAN	\$15,001 - \$50,000
TL	CHASE		CREDIT CARD	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name ROBERT J. DOLD, JR.

Page 8 of 8

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
MANAGING MEMBER	ROSE PEST SOLUTIONS, LLC
PRESIDENT	ROSE EXTERMINATOR COMPANY, INC.