Yes No X  It be answered and the for each "Yes" response.  HESE QUESTIONS  d. Have you Yes No X	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.  Each question in this part must be answered and the appropriate schedule attached for each "Yes" response AMATION — ANSWER EACH OF THESE QUESTIONS and certain other "excepted trusts" need not be disclosed. Have you yes No lid?	ST INFOR	<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?
yes No XI It be answered and the or each "Yes" response. HESE QUESTIONS	IX. Did you have any reportable agreement or arrang an outside entity? If yes, complete and attach Schedule IX.  Each question in this part must appropriate schedule attached for appropriate schedule appropriate schedule attached for appropriat	ST INFOR	
yes No X st be answered and the or each "Yes" response.	IX. Did you have any reportable agreement or arrang an outside entity? If yes, complete and attach Schedule IX.  Each question in this part must appropriate schedule attached for		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
No	IX. Did you have any reportable agreement or arrang an outside entity?  If yes, complete and attach Schedule IX.	No 🔲	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes  Yes
; ;		O <sub>N</sub>	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
ore the date  Yes No X	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 🗌	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.
reporting Yes No	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.	No ⊠	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.
ive any ing more 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 U	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 Yes, complete and attach Schedule I.
	SE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
against anyone who files more than 30 days late.	Termination Date:	Liipoyaa	Annual (May 15, 2012)
A \$200 penalty shall be assessed	Employing Office:	Officer or	Filer Member of the U.S. State: MNN  House of Benresentatives District: 03
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	Maytime relephone: ٤٥٤,٤٤٦,٤٣١	Daytime	Name: Con Inter
2012 HAY 15 PM 5: 24	ນ	:	S. D.
HANDS OF SELVERED  OF LINE RESOURCE CENTER	Form A For use by Members, officers, and employees	EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

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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	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
\$ 773 *	Spare selvy	NA A
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Ŋ, Ŷ Thethr and Gansle Savings Plan. please refer to the instruction booklet. optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or ing \$5,000 or less in a personal checking or saving that is not publicly traded, state the name of the busiaccount that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the plans) that are self-directed (*i.e.*, plans in which you have the power, even if not exercised, to select the specific more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at For a detailed discussion of Schedule III requirements from, a tederal retirement program, including the Thrift accounts; and any financial interest in, or income derived income during the reporting period); any deposits totalhomes and vacation homes (unless there was renta Exclude: Your personal residence, including second tion in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business For rental or other real property held for investment, pro-vide a complete address. value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only For all IRAs and other retirement plans (such as 401(k) not use ticker symbols.) Provide complete names of stocks and mutual funds (do reportable asset or sources of income which generated the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production Examples. Minneson System Minalsta Vargue of Spape IRA SUUTIDE Find Venymed Simple IRA Xul Eugy, シャラナをか Asset and/or Income Source Winners Tudes Fund ş shit lightrement 子なるさるです Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts **BLOCK A** ンせん moved (Market Tixa lytest とろう ъ None generated income, the value should be year and is included only because it please specify the method used. reporting year. If you use a valuation Indicate value of asset at close of If an asset was sold during the reporting method other than fair market value "None Indefinite 1 - 1,000œ  ${\mathbf x}$ റ \$1,001 - \$15,000  $\overline{\times}$ Ō \$15,001 - \$50,000 Value of Asset × ш \$50,001 - \$100,000 BLOCK B T \$100,001 - \$250,000 g \$250,001 - \$500,000 т \$500,001 - \$1,000,000 \_ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital Check all columns that apply. For ing the reporting period may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow  $\overline{z}$ ズ × DIVIDENDS **×** RENT Type of Income × INTEREST BLOCK C × CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None interest, and capital gains, even if earned or generated. income. Check "None" if no income was reinvested, must be disclosed as the appropriate box below. Dividends, cate the category of income by checking For assets for which you checked "Tax-"None" column. For all other assets, indi-Deferred" in Block C, you may check the ズ  $\overline{\mathbf{x}}$  $\times$ \$1 - \$200 =  $\sim$ \$201 - \$1,000 ≡ Amount of Income × ₹ \$1,001 - \$2,500< BLOCK D \$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 ×  $\succeq$ Over \$5,000,000 year. S reporting \$1,000 in or exchanges Transaction (E) exceeding (P), sales (S) purchases asset had Indicate if the sold, please portion of BLOCK E for exam-See below (S) (partial) follows indicate as an asset is (partial) lf only a σ, Q, m

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

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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## SCHEDULE IV— TRANSACTIONS

					Gueranteed option	Mary 12	Dodge: Cax Believed Frank	Ç 🗁	45	Winner-te State Retrievant System Interactional State	Minuson She Common Shock Index	Example: Mega Corpo	SP, DC, JT Asset	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.	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-	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
					X	×			×					PURCHAS	SE	of Tra
							X	X		X	X	×		SALE		Type of Transaction
														EXCHANG	SE .	tion
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					munthy	7/29/11	7/29/11	7/29/11	7/29/11	7/29/11	7/29/11	10–12–11		Quarterry, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
					×			×						\$1,001- \$15,000	>	
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														\$50,000,000 Over \$50,000,000		

### 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. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

	4		SP, DC, JT	9
	Wells Fig. Minge	Example: First Bank of Wilmington, DE	Creditor	
	Nov. 2002	May 1998	Liability Incurred Mo/Year	-
	Nov. 2002 Loven on persons residence (not reals)	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			\$10,001- \$15,000	
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			\$25,000,001- \$50,000,000	
			Over \$50,000,000 <b>~</b>	

#### SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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 \$350 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

		 _	_	_
		Example:		
		Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	
			Anystate Silver Platter (determination on personal friendship received from Committee on Ethics)	Silver Platter (determination on personal friendship received from Committee on Ethics)

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by 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 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

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 or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you

HERITAGE AMERICAN-IGRAEL NATIONAL Examples: ALIVA POUNDATION Chicago Chamber of Commerce Roycroft Corporation RELATIONS COMMITTEE FOUNDATION Source ROUGHION Ş ر د د AUG 20-27 APR 24-JAN 27-29 N V Aug. 6-11 Date(s) Mar. 2 MINNEAPOUS - SEATILE - QINGAN MINNEAPOLIS -CHENGOV - BEIJING - SENTLE MINNEADOUS - LOS ANGRES MININGA POLLS MINNERPOLIC City of Departure—Destination—
City of Return MINNERPOUG DC—Los Angeles—Cleveland DC—Chicago—DC 4 AVIVI Lodging? ł ~ K V Z ~ Food? ~ × Z V Was a Family
Member Included?
(Y/N) V ١ 7 Z z ≺` Number of days <u>not</u> at sponsor's expense ZOZU ここの マピマの 2 Days None