

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2013 APR 23 PM 4:24

Name: J. Heath Shuler

Daytime Telephone: _____

U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

FM

| | | | | | |
|--------------|---|--------------------------------------|---|-------------------------|-----------------------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>NC</u> District: <u>11</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____ | Termination Date: <u>12-31-12</u> |
| Report Type | <input type="checkbox"/> Annual (May 15, 2012) | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination | | |

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|--|--|
| TRUSTS—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 <input type="checkbox"/> No <input type="checkbox"/> |
| EXEMPTION—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. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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Transaction

See Footnote 1

If only a portion of an asset is sold, please indicate as follows:

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E | |
|--|--|-------------------------|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|------|----------------|------|----------|---------------|----------------------|--------------|---|------|------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---------------------------|------------------|---------|-------------|--|
| Asset and/or Income Source | | Year-End Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | | Amount of Income | | | | | | | | | | | Transaction | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | P, S, E | | |
| | | 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 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | | | | | | | | | 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 | Over \$5,000,000 | | | |
| NFL Player Annuity & Ins | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | |
| Wells Fargo Advisors (IRA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. ADT Corp | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 2. Advantage Oil & Gas LTD | | | | X | | | | | | | | | | X | | | | | | X | | X | | | | | | | | | | | | | |
| 3. Apollo Investment Corp | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 4. Cel Sea Corp Com | | | X | | | | | | | | | | | X | | | | | | X | | X | | | | | | | | | | | | | |
| 5. Covidien PLC | | | X | | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 6. Enterprise Products Partners | | | | | | | | | | | | | | X | | | | | | X | | X | | | | | | | | | | | | | |
| 7. Merge Healthcare Inc. | | | | X | | | | | | | | | | | X | | | | | X | | X | | | | | | | | | | | | | |
| 8. Pentair LTD | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 9. TE Connectivity LTD | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 10. Tyco International LTD | | | X | | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 11. Cash Balance NFL Player Second Career Savings Plan - 401(k)? | | | | | | X | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 1. Bond Fund | | | X | | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 2. Growth Fund | | | | | X | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 3. International Fund | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 4. Small Cap Core Fund | | | | X | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 5. Small Cap Value Fund | | | | | X | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 6. Value Fund | | | | | | X | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |

Continuation Sheet (if needed)

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[illegible]

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.

| SP, DC, JT | Creditor | Date Liability Incurred Mo/Year | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------|---|---------------------------------|--|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|--|
| | | | | A | B | C | D | E | F | G | H | I | J | |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | \$10,001-\$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-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | |
| | Bank of America | 4/08 | Commercial Line of Credit | | | | X | | | | | | | |
| | SunTrust Bank | April 2008 | Loan | | | X | | | | | | | | |
| | Central Loan Administration & Reporting | 2008 | Mortgage on 51 Plot Valley Rd., Lakesville, ME | | | | | X | | | | | | |
| | Mountain Commerce Bank | 2008 | Home Equity Loan | | | | X | | | | | | | |
| | Forest Commercial Bank | Oct. 2011 | Line of Credit | | | X | | | | | | | | |

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 |
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FOOTNOTES

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Number Section/Schedule

Footnote

This note refers to the following item

1 Schedule III

As of 12/31/12, Shuler Properties, LLC owns two pieces of residential real property. Also as of 12/31/12, Shuler Properties, LLC owns an interest in Quailfeather Holdings, LLC which owns real property which is leased for use in a hunting operation.

Shuler Properties, LLC - See Footnote 1

2 Schedule III

Wells Fargo Advisors (Personal IRA) consists of a Security and a cash account which are listed as Items 1 - 11 immediately following the entry for Wells Fargo (IRA) on Schedule III.

Wells Fargo Advisors (IRA)

3 Schedule III

NFL Player Second Career Savings Plan - 401(k) consists of 6 mutual funds which are listed as Items 1 - 6 immediately following the entry for NFL Player Savings Plan on Schedule III.

NFL Player Second Career Savings Plan

4 Schedule III

Funds in 529 Savings Plans for dependent children were distributed in full in 2012 leaving a balance of \$0 in each account.

FA 529 PORT 2019-OLD CL A & FA 529 PORT 2022-CL A