<b>₹</b>	Yes	ependent child	, transactions, or liabilities of a spouse or dest consulted with the Committee on Ethics.	arned" income, ss you have firs	<b>EXEMPTION</b> —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.	<b>EXEM</b> I becaus
No X	Yes	ot be	s and certain other "excepted trusts" need no spouse, or a dependent child?	nittee on Ethics ling you, your s	<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 a dependent child?	TRUST disclose
S	E QUESTION:	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
	" response.	each "Yes'	ppropriate schedule attached for each "Yes" response.	and the appropriate	Each question in this part must be answered	
×  X	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	No 	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes	III. Did y able liab If yes, c
§  X	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No U	II. 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?  Yes tyes, complete and attach Schedule II.	II. Did y income oreportab
N <sub>O</sub>	Yes X	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N <sub>O</sub>	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 X	I. Did yo fees) of <b>If yes, c</b>
			E QUESTIONS	OF THESI	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	In all se
assessed who files	A <i>\$200 penalty</i> shall be a against any individual w more than 30 days late.	A \$200 po against a more than	Check if Amendment	Date of Election:	iler  Candidate for the State: New Tersey House of Representatives District: 10  atus  New officer or Employing Office:	Filer Status
E CENTE: 10: 39 TÄTIVES	2013 FEB 26 AM IO: 39 U.S. HÖUSZ OF REPRESENTATIVES (Office Use Only)	<b>20</b> О.з.н	Telephone:	Daytime	ne: Donald M Payne Jr.	Name:
ERES/	HAD DELVERED		<b>FORM B</b> For use by candidates and new employees	7	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - May 4, 2012	UNIT FINA Perioc

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Donald M. Payne Jr.

Page 2 of

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. 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

							NJ Turnpike Authority, Woodbridge, NJ	County of Essex, Newark, NJ	City of Newark Newark NJ	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	7	XYZ Corporation, Houston, TX	Course (moinde naie of fecelpt for frontains)	Source (include date of receipt for honoraria)	
							Spousé Salary		Salary	Spouse Salary	Honorarium	Director's Fee	Salary	- ¥ DG	Type	
						, , , , , , , , , , , , , , , , , , ,	25,045	11,292	\$33,473	NA	0	\$400	\$6,300	<b>Current Year to Filing</b>	Amo	
				9 9			72,302	32,770	\$94,670	NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount	

#### Page 3 of

### BLOCK A

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 the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment provide a complete address.

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the reporting period.

asset generated no income during

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 personal checking or savings 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.

the optional column on the far left.

e

For a detailed discussion of Schedule II requirements, legislesse refer to the instruction booklet.

\$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

DC, Examples:

Prudential Inc. Co

 $\succ$ 

1st Bank of Paducah, KY accounts

Met Life

ş

SP Mega Corp. Stock
Simon & Schuster

Indefinite

#### 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."

#### BLOCK C 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 "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the

BLOCK D

#### Amount of Income

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, and capital gains, even if reinvested, must be disclosed as income**. Check "None" if no income was earned or generated.

	\$1,000,001 - \$5,000,000		
	\$5,000,001 - \$25,000,000		ے
	\$25,000,001 - \$50,000,000		
	Over \$50,000,000		Γ-
×	NONE		
	DIVIDENDS		
	RENT		
	INTEREST		
	CAPITAL GAINS		
	EXCEPTED/BLIND TRUST		
	TAX-DEFERRED		
	Other Type of Income (Specify: e.g., Partnership Income or Fa	rm Income)	
	None		
	\$1 - \$200	=	
!	\$201 - \$1,000	Ξ	_
×	\$1,001 - \$2,500	₹	<u>ව</u>
	\$2,501 - \$5,000	<	3
$\Box$	\$5,001 - \$15,000	≤	E E
$\Box$	\$15,001 - \$50,000		Current Year
	\$50,001 - \$100,000	NIA IIA	ea
	\$100,001 - \$1,000,000	×	
	\$1,000,001 - \$5,000,000	×	
	Over \$5,000,000	×	
	None		
	\$1 – \$200	=	
×	\$201 - \$1,000	=	ס
	\$1,001 – \$2,500	ΛI	<u> </u>
	\$2,501 - \$5,000	<b></b>	ĕ
	\$5,001 - \$15,000	≤	#
	\$15,001 - \$50,000	≦	Preceding Year
	\$50,001 - \$100,000	HIA IIA	☆
	\$100,001 - \$1,000,000	×	ar
	\$1,000,001 ~ \$5,000,000	×	
	Over \$5,000,000	×	

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## SCHEDULE III - LIABILITIES NA

Name Donald M. Payne Jr. Page 4 of 2

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, 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 sib-

				SP, DC, JT
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
				\$15,001— \$50,000 <b>D</b>
-	 <u> </u>			\$50,001— \$100,000 <b>O</b> \$100,001— <b>D</b>
			×	\$250,000 D Amou
	 			\$500,000 m at of s500,001— T
				\$250,000 m stool,000 m stool,000 m stool,000 m stool,000 m stool,000 m stool,000,000 m stool,000,000 m stool,000,000 m stool,000,000 m stool,000 m sto
				\$5,000,001— <b>エ</b>
				\$25,000,001—_ \$50,000,000
		_		Over \$50,000,000

### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

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 a political party or campaign organization);

and positions solely of an individity flatore.	iaulo.
 Position	Name of Organization
President	Newark City Council
 At-Lavge	Essex County Board of Freeholders
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