	No C	nild hics. Yes	income, transactions, or liabilities of a spouse or dependent child 'yes" unless you have first consulted with the Committee on Ethic	Exemptions 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.	Exer
	S □ No ☑	Yes	ittee on Ethics and certain other "excepted trusts" need not be ust 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 excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trus
		STIONS	IATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLU
<u> </u>			schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.	If yes
·	appropriate	and the	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes ☑ No ☐	V. (more
			If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.	If yes
	Yes □ No ☑	-	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No V	IV. reportat
			If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.	If yes
	Yes 🗌 No 🗸	-	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	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 Yes V No more than \$1,000 at the end of the period?	III. more
			If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.	If yes
	Yes 🗸 No 🗌	-	Did you, your spouse, or a dependent child receive any reportable travel or VII. relimbursements for travel in the reporting period (worth more than \$350 from one coursely).	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?	II. you fo
			If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.	If yes
	Yes No 🗸		Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. or mo
			QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELI
<u> </u>	more than 30 days late.	more th	Termination Date:	ort ✓ Annual (May 15) ☐ Amendment ☐ Termination	Report Type
RAIVES	A \$200 penalty shalf ATIVE: be assessed against anyone who files	A \$200 be asse	Officer Or Employing Office: Employee	er Member of the U.S. State: MI House of Representatives District: 14	Filer Status
	(Office Use Only)	(Offic	(Daytime Telephone)	(Full Name)	
ZOIZ JUL 13 ANIO: 55 11/	2012 JUL 13 AN IO: 55	2012	202-225-5126	John James Conyers, Jr	
		- 7013.			
יואויט טברואבאבע			FORM A Page 1 of 5 For use by Members, officers, and employees	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	CALEN
	ラフロー				

T		-				 :	-		
SP Investment Property 3351 Charlevoix St	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.	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.	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.	For rental or other real property held for investment, provide a complete address.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (l.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.	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.)	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	BLOCK A	
\$15,001 - \$50,000					specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	At close of reporting year. If you use a valuation method other than fair market value, please	Year-End Value of Asset	вгоск в	
None					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.	do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs),	Type of Income Check all columns that apply. For retirement accounts that	вгоск с	
NONE					assets, indicate the category or 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 repearated	investments or that generate tax- deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other	Amount of Income For retirement accounts that do not allow you to choose specific	BLOCK D	
						sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Transaction Indicate if asset had purchases (P),	вгоск е	

SCHEDULE V - LIABILITIES

Name John James Conyers, Jr

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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. NOTE: Pending legislation may require Members to report mortgates on 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 personal residences.

SP,		Date Liability		
JŢ	Creditor	Incurred	Type of Liability	Amount of Liability
Ţ	Wells Fargo Home Mortgage	March 2001	Mortgage on personal residence, 2727 W 7 Mi Rd,	\$100,001 - \$250,000
ı	Sallie Mae/Bank of America	2008	Reserve Line of Credit	\$10,001 - \$15,000
	Congressional Federal Credit Union	2005	Reserve Line of Credit	\$15,001 - \$50,000
SP	Neiman Marcus/HSBC	as of Dec 2010	Revolving Charge Acct	\$15,001 - \$50,000
SP	ACS-Education	late-1990s	Educational Loan	\$50,001 - \$100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Name John James Conyers, Jr

spouse or dependent child that is totally independent of his or her relationship to you. 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 amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Jazz Education Network	Jan 7-9	DC-New Orleans-DC	Y	Υ	Z	None
Progressive Ideas Network (a project of Demos)	Jan 27-28	DC-Chantilly, VA -DC	~	~	Z	None
Portland Jobs with Justice	Jan 28-30	DC-Portland-Detroit	~	~	Z	None
New New Deal Project, Democratic Socialists of America, Progressive Democrats of America, and the Oak Park Coalition for Truth and Justice	April 9-10	Detroit-Chicago-Detroit	~	≺	Z	None
Berklee College of Music and Reed Elsevier, Inc/Reed Exhibitions	April 26-27	DC-Boston-DC	~	~	Z	None
Progressive Democrats of America	June 17-18	June 17-18 DC-Richmond-DC	~	~	z	None
ProgressiveCongress.org, SEIU, Change to Win	July 18-19	Detroit-Pittsburgh-Detroit	~	 ≺	Z	None
Ghettothropic LLC	July 29-30	Detroit-Grand Rapids, MI- Detroit	~	≺	Z	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John James Conyers, Jr

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spouse or dependent child that is totally independent of his or her relationship to you. 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 amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Source Date(s) Destination-Point of Departure-Lodging? Lodging? Food? Was a Family Eponsor's Point of Return Was a Family Sponsor's Pood? Wone Beaver-Lawrence Central Labor Council Oct 9-10 Detroit-Pittsburgh-Detroit Y Y None None ActionAld, Oxfam, Labor Council Oct 18-20 DC-Haiti-DC Y Y N None							
er of Aug 10-12 Detroit-Peoria, IL-Detroit Y Y N antral Oct 9-10 Detroit-Pittsburgh-Detroit Y Y N Oct 18-20 DC-Haiti-DC Y Y N the Oct 21-22 DC-Birmingham, AL-Detroit Y Y N ne	Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
antral Oct 9-10 Detroit-Pittsburgh-Detroit Y Y N Oct 18-20 DC-Haiti-DC Y Y N the Oct 21-22 DC-Birmingham, AL-Detroit Y Y N 19	Illinois Black Chamber of Commerce	Aug 10-12	Detroit-Peoria, IL-Detroit	~	Y	Z	None
Oct 18-20 DC-Haiti-DC Y Y N the Oct 21-22 DC-Birmingham, AL-Detroit Y Y N ne	Beaver-Lawrence Central Labor Council	Oct 9-10	Detroit-Pittsburgh-Detroit	*	~	Z	None
the Oct 21-22 DC-Birmingham, AL-Detroit Y Y N	ActionAid, Oxfam, American Jewish World Service	Oct 18-20	DC-Haiti-DC	~	~	Z	None
	Jefferson Chapter of the Alabama New South Coalition and Over the Mountain Democrats	Oct 21-22	DC-Birmingham, AL-Detroit	~	≺	Z	None