

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

JUL 16 2013

Name: NAN HAYWORTH

Daytime Telephone: \_\_\_\_\_

2013 JUL 19 PM 12:43

FH

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NEW YORK</u>	District: <u>19</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Termination Date: <u>01/03/2013</u>	

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

U.S. House of Representatives (Office Use Only)

**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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" 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**

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 checked="" 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 checked="" type="checkbox"/>

# **SCHEDULE I — EARNED INCOME**

Name **NAN HAYWORTH**

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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
Examples: Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
<b>ATENA</b>	<b>BOARD FEES (SPOUSE)</b>	<b>N/A</b>
<b>AMERICAN CONGRESS OF OBSTETRICIANS AND GYNCOLOGISTS</b>	<b>BOARD FEES (SPOUSE)</b>	<b>N/A</b>
<b>ASENAL CAPITAL MANAGEMENT</b>	<b>BOARD FEES (SPOUSE)</b>	<b>N/A</b>
<b>CIGNA</b>	<b>MEETING FEES (SPOUSE)</b>	<b>N/A</b>
<b>THE COOLEY DICKINSON HOSPITAL</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>
<b>GLENVIEW CAPITAL MANAGEMENT</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>
<b>HYGEIA CONSULTING</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>
<b>THE KENETIX GROUP</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>
<b>MEVEIGH ASSOCIATES (WORK DONE FOR NOVARTIS)</b>	<b>HONORARIUM (SPOUSE)</b>	<b>\$4400</b>
<b>THE MEDICAL CLINIC OF NORTH TEXAS</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>
<b>THE MEDICAL PROTECTIVE COMPANY</b>	<b>BOARD FEES (SPOUSE)</b>	<b>N/A</b>
<b>MOUNT KISCO MEDICAL GROUP</b>	<b>SHAREY (SPOUSE)</b>	<b>N/A</b>
<b>QSI MANAGEMENT</b>	<b>BOARD FEES (SPOUSE)</b>	<b>N/A</b>
<b>VIRALAND GROUP HOLDING</b>	<b>CONSULTING FEES (SPOUSE)</b>	<b>N/A</b>

For payments to charity in lieu of honoraria, use Schedule II.

☒ DONATED TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

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**For additional assets and unearned income, use next page.**

## 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		
SP	DC	A	B	C	D	E	F	G	H	I	J	K	L	M	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	XII			
JT		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	Spouse/DC Asset over \$1,000,000*									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	Spouse/DC Income over \$1,000,000*			
	NEW YORK NY FISCAL YEAR 05/15/13																																				
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# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name NHAN HUY WORTH

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Continuation Sheet (if needed)

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			
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	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	XII			
		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	Spouse/DC Asset over \$1,000,000*																							
	SP MEDCO HEALTH SOLUTIONS INC.	X																		X		Exempt															sale
	DC METROPOSTAL BANK NY NY ETM	X																				II															
	DC NEW YORK ST DOAM AMN REUS	X																				II															
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# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name **NAN HAWORTH**

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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		
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	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	XII	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	Spouse/DC Asset over \$1,000,000*																							
SP	AMERICAN FUND GROUP INCORPORATED																																				
	SENIOR FUND STRATEGIC FUND																																				
	SEL PENDING VIL (WELLSFARGO)																																				
	SEL DIVERS VIL (WELLSFARGO)																																				
	SEL FOCUSED VALUE (HARRIS)																																				
	PREM DISCPL CATH (WELLSFARGO)																																				
	CONTRAFUND (FIDELITY)																																				
	ADVISE MB CAP VICIBUS FUND																																				
	SELMB CP GR II (TRP FIDELITY)																																				
	NEU SMALL CAP VIL (HARRIS)																																				
	SEL SM CAP GR (WELLSFARGO)																																				
	SEL OVERSEAS (WELLSFARGO)																																				
	PREMIUM EQUITY (OFI INVEST)																																				
	DEVELOPING MARKETS (OFI)																																				
	REAL ESTATE (OFI)																																				
	COMBITY REAL ESTATE (HARRIS)																																				
SP	ROTH IRA																																				
	FIDELITY SMALL CAP DISCOVERY FUND																																				
	FIDELITY CASH RESERVES																																				
	FIDELITY PURITAN																																				
	FIDELITY BRANDED																																				
JT	TRUST PRICED INTL GROWTH+INCOME																																				

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# SCHEDULE IV—TRANSACTIONS

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

**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.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J	K
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
SP	METRO TRANS AUTO RVSER A 11/15/35 CUSIP 57259A251	X				08-08-12		X									
SP	NEW YORK NY FISCHL SRJ05/15/36 CUSIP 64466HLJ7	X				10-11-12		X									
SP	PR SALS TAX FINC CORP SRA RV 08/01/37 CUSIP 74529UKJ3	X				07-17-12			X								
SP	NEW YORK CITY TRANS FINA S-3 01/15/39 CUSIP 64472HLX8	X				12-13-12		X									
SP	PORT AUTH NY/NJ SRA63 07/15/39 CUSIP 73358WCU6	X				10-16-12			X								
SP	NEW YORK MUN WTR FINA SREE 06/15/40 CUSIP 64972FZ58	X				12-18-12		X									
SP	METROPOLITAN TRANS AUTO SR B 11/15/40 CUSIP 59259YE08	X				10-25-12		X									
SP	NEW YORK ST THRUWAY AUTO SR 1 01/01/42 CUSIP 65044QZB2	X				10-15-12			X								
	NEW YORK ST THRUWAY AUTO SR 1 01/01/42 CUSIP 65044QZB2	X				12-18-12			X								
DC	NEW YORK ST THRUWAY AUTO SR 1 01/01/42 CUSIP 65044QZB2	X				12-18-12			X								
SP	NEW YORK ST DORM AUTO RETS NEW 07/01/2023 CUSIP 64983XU44	X			✓	4-26-12		X		X							
SP	NEW YORK ST MTE ACYREV HOMEOWNER 10/01/2022 CUSIP 64988PRN8 (partial)		X			5-3-12		X									
SP	NYC MUN WTR FINA W+S SPS 06/15/39 CUSIP 64972FLV6			X		6-15-12			X								
SP	NEW YORK ST EN VERNMONT FACS CORP 10/15/22 CUSIP 64985MF27			X	✓	6-22-12			X								
SP	PORT AUTH NY/NJ CONS-125TH 04/15/32 CUSIP 733581Q62			X		7-16-12		X									
SP	NYC MTE ACY HOMEOWNER 10/01/27 CUSIP 649883DP7			X		9-27-12	X										

# SCHEDULE IV—TRANSACTIONS

Name NAN HAYWARD

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**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.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J	K
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
	NEW YORK NY SER J 05/15/2025 CUSIP 64966B8H1			X		04-09-12				X							
	NEW YORK ST DEBT AUTH REV SEPT HLTH 07/01/13 CUSIP 649839WT0034		X			01-01-12		X									
DC	PUEBLO RICE COMMUNITY REDEV-PUB CUSIP 74514LB89	X				04-05-12		X									
DC	METROPOLITAN TRANSN AUTH NY TRAN FAS 07/01/12 CUSIP 592598WV4			X	✓	07-02-12			X								
SP	N.Y.C MUN WTR FIN AU WTS SYS C6/15/29 CUSIP 64972FLV6		X			06-15-12			X								
SP	MEXCO HEALTH SOLUTIONS INC. NEW YORK NY FOR PRIOR ISSUES 05/15/2025 CUSIP 64966JXT8			X	✓	04-02-12	X										
	NEW YORK NY FOR PRIOR ISSUES 05/15/2025 CUSIP 64966JXT8			X		04-09-12	X										
	NEW YORK NY FOR PRIOR ISSUES 05/15/25 CUSIP 64966JYS9			X		04-04-12				X							
SP	NEW YORK NY FOR PRIOR ISSUES 10/15/2033 CUSIP 64966JQ41			X		11-05-12		X									
SP	CITY OF NY SER D 10/15/2033 CUSIP 64966CUP4			X		11-05-12		X									
DC	APPLE INC.		X		✓	04-03-12			X								
DC	MOTOROLA MOBILITY HOLDINGS INC. NEW YORK ST US CORP ELECTRONIC FACS 01/01/2013 CUSIP 650033JP9		X			05-22-12	X										
DC	HARBOR INTERNATIONAL INV CUSIP 445111445	X				01-03-12	X										
DC	HARBOR LEVEENOR EMERG MKTS CUSIP 4432AS305		X			quarterly	X										
DC	JPMORGAN INTL VALUE A CUSIP 4812A0549	X				quarterly	X										

# SCHEDULE IV—TRANSACTIONS

Name WILLIAM HAYWORTH

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

**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.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
SP	NYC MTC AGY REV 10/01/22 CUSIP 64988PRAN8 (partial)			X		10-18-12	X										
SP	METROPOLITAN TRANSN AUTH NY 11/15/31 CUSIP 59259RLS1			X		11-15-12				X							
SP	TRIDORUGH BRDG TRUNL AUTH NY 11/15/24 CUSIP 6466248V2			X		11-15-12	X										
SP	AVERT RICE COMMULTY PUB IMPR-B-A-C-ICC 07/01/35 CUSIP 74514LVV7		X		✓	11-21-12			X								
SP	PUEBLO RICE COMMULTY RFDG-PUB IMPR-SER A 07/01/37 CUSIP 74514LB63		X		✓	11-21-12		X									
SP	NEW YORK NY SERC 03/15/22 CUSIP 64966E3L6			X		3-15-12			X								
	AVERT RICE COMMULTY RFDG-PUB 01/01/13 CUSIP 74514LB89	X				4-5-12			X								
	MOUNT VERNON NY CITY SCH DIST 11/15/01 CUSIP 623606GW4			X	✓	5-17-12			X								
	NYC MUN WTR FIN AUTH SYS 06/15/39 CUSIP 64972FLV6			X	✓	6-15-12			X								
	NEW YORK ST DEPM AUTH REV US INSD-B 07/01/20 CUSIP 64983XVF8			X		7-2-12			X								
	NEW YORK ST ENVIRONMENTAL FACS CORP 06/15/32 CUSIP 64985WDL6			X		7-2-12		X									
	METROPOLITAN TRANSN AUTH NY 11/15/25 CUSIP 59259RLB5			X		11-15-12			X								
	METROPOLITAN TRANSN AUTH NY 11/15/34 CUSIP 59259RLS1			X	✓	11-15-12				X							
	TRIDORUGH BRDG TRUNL AUTH NY 11/15/32 CUSIP 6466248Z1			X	✓	11-15-12				X							
	TRIDORUGH BRDG TRUNL AUTH NY 11/15/24 CUSIP 6466248V2			X	✓	11-15-12				X							
	PUEBLO RICE COMMULTY RFDG-PUB 07/01/41 CUSIP 74514LB89	X			✓	11-21-12			X								

# SCHEDULE IV—TRANSACTIONS

Name NAN HAYWORTH

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

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SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
SP	MICROSOFT CORP			transferred in charitable donation		12-11-12		X									
SP	TEXAS INSTRUMENTS			transferred in charitable donation		12-11-12		X									
DC	IVY MIB CAP GROWTH A					08-27-12	X										
DC	CUSIP 46600577					08-27-12	X										
DC	CEUMBIA SELECT LG CP GROWTH A					08-27-12	X										
DC	CUSIP 19757712					08-27-12	X										
DC	SCHRODER EMERGING MKT EOI ADV					08-27-12	X										
DC	CUSIP 808090740					08-27-12	X										
DC	LAZARD EMERGING MARKETS I					08-27-12	X										
DC	CUSIP 52106N889					08-27-12	X										
SP	CONVEKSTIO HEALTH					11-26-12			X								
SP	WIRB-COPERNICUS GROUP					05-30-12				X							
SP	MOUNT KISCO MEDICAL GROUP INCENTIVE SAVINGS + PROFIT SHARE PLAN (regulated funds)					(spread over 5 years)	X										
	FIDELITY CASH RESERVES			(conversion to cash)		02-14-12	X										
SP	FIDELITY CASH RESERVES			"		02-14-12	X										
SP	CATERPILLAR, INC.					12-11-12		X									
SP	DEERE + COMPANY					12-12-12		X									
SP	CMS BANKORP INC.					1-30-12	X										
SP	ISHARES TRMSCI EMERGING MKTS INDEX FID					2-23-12	X										
SP	FIDELITY NY AMT TAX-FREE MONEY MKT					01-03-12	X										



# SCHEDULE IV—TRANSACTIONS

Name

NAN HAYWORTH

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

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		PURCHASE	SALE	EXCHANGE			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
SP	SPRINGER STP PHARMACEUTICALS ETF	X				01-03-12	X										
SP	FIDELITY AMT TAX-FREE MONEY MKT		X			02-10-13	X										
SP	FIDELITY PURITAN		reinvestment		✓	Semiannual	X										
	FIDELITY PURITAN		reinvestment		✓	quarterly	X										
JT	T. ROWE PRICE INTL EQUITY INDEX	X				monthly	X										
JT	T. ROWE PRICE INTL GROWTH + INCOME	X				monthly	X										
SP	NEW YORK STATE COLLEGE TUITION SAVINGS PROGRAM TRUST FUND					monthly	X										
	MID-CAP STOCK INDEX PORTFOLIO	X				quarterly	X										
	GROWTH STOCK INDEX PORTFOLIO	X				quarterly	X										
	VALUE STOCK INDEX PORTFOLIO	X				quarterly	X										
V	SMALL-CAP STOCK INDEX PORTFOLIO	X				quarterly	X										
SP	UTAH EDUCATIONAL SAVINGS PLAN			distribution					X								
	THRIFT SAVINGS PLAN																
	I FUND	X				monthly	X										
	C FUND	X				monthly	X										
	S FUND	X				monthly	X										

# SCHEDULE V— LIABILITIES

Name

NAN HAYWOOD

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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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); 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. \*This column is for liabilities held solely by your spouse or dependent child.

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	K
				\$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	Spouse/DC Liability Over \$1,000,000*
Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	N/A													

# 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
	N/A	

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 or were paid by you and reimbursed 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 spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

# SCHEDULE VII—POSITIONS

Name NAN HAYWOOD

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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 other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
LIMITED PARTNER/MEMBER	BEDFORD ARENA, LLC

# SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
JANUARY 1997	MOUNT KISCO MEDICAL GROUP, P.C.	RETIREMENT PLAN 401(K) - ASSETS LISTED ON SCHEDULE III
SEPTEMBER 2008	OMNICON	RETIREMENT PLAN-ASSETS LISTED ON SCHEDULE III
JANUARY 2011	THRIFT SAVINGS PLAN	RETIREMENT PLAN-ASSETS LISTED ON SCHEDULE III