LEGISLATIVE RESOURCE CENTS:

2012 AUG - 1 PM 1: 20

U.S. HOUSE OF REPRESENTATIVES

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FINANCIAL DISCLOS			FOR		Page 1 of . 3
Period covered: January	1,2011- June 3	0 2012	7 Of USB by Calludates	and new employees	
Name: Scott	Fistler	Daytir	ne Telephone:		
		<u>.</u>			(Office Use Only)
C4-4	Representatives District:		of the 28, 2012	Check if Amendment	A \$200 penalty shall be assessed against any individual who files
Status New office employee		Office:			more than 30 days late.
PRELIMINARY INFO! 1. Did you or your spouse have "effect of \$200 or more from any so if yes, complete and attach Sch. 13. Did you, your spouse, or a dep	arned" income (e.g., salaries or urce in the reporting period? adule 1.	Yes No No	IV. Old you hold any r of filing in the current if yes, complete and	eportable positions on or I calendar year or in the pric attach Schedule IV.	or two years? Yes No
income of more than \$200 in the in reportable asset worth more than if yes, complete and attach Sch	reporting period of hold any \$1,000 at the end of the period?	Yes No			Yes No No
III. Did you, your spouse, or a de- able liability (more than \$10,000) If yes, complete and attach Sch	during the reporting period?	Yes No \			\$5,000 from Yes No
Each ques	tion in this part must be	e answered and th	e appropriate sche	dule attached for	each "Yes" response.
EXCLUSION OF SPO	OUSE, DEPENDENT,	OR TRUST INFO	PRMATION — AI	NSWER EACH (OF THESE QUESTIONS
TRUSTS — Details regarding "disclosed. Have you excluded	Qualified Blind Trusts" approve from this report details of such	d by the Committee on E a trust benefiting you, y	thics and certain other to our spouse, or a depend	excepted trusts" need n lent child?	oot be Yes No
EXEMPTION—Have you exc because they meet all three to	cluded from this report any othersts for exemption? Do not ans	er assets, "unearned" inc wer "yes" unless you hav	ome, transactions, or liable first consulted with the	oilities of a spouse or de Committee on Ethics.	ependent child Yes No

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Page 2 of 3 Name Scott Fistler

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 seate or sources of income which generated more than \$200 in "unearmed" income during the year.

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Provide complete names of stocks and mutual funds (do not use ticker symbols).

For all IRAs and other retirement plans (such as 401(t) 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

BLOCK B	
Value of Asset	Ιτν

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 <u>or</u> 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 asset generated no income during the reporting period.

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.

provide only the name of the inettution holding the account and its value at the end of the reporting period. For rental or other real property held for investment,	Α	8	С) E	F	G	Ħ	ı	к	Ł			200		1 () () () () () ()	2	***************************************		2,2,5	•		C	ur	rer	ıt Y	ea			٦			Рг	ec	edi	Ing	Υe	ar		٦
provide a complete address. 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.		Sales Section Section	مسائلات مند الانتهاماة		5,000 mm			Self internal selection	3				To sharp in your have a re-		·			arm (ndome)	A the Soldani		u	101	IV .	V	/I VI	ı Vill	ΙX	×	χì	1	В	Ш	IV	v	/1 V	a Vi	ii IX	x	ΧI
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits socializing \$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 incloate that an asset or income sounce 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. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	None		\$1,001 – \$15,000	518.001 - 80.000 650.001 - 5100.000	\$100,001 - \$250,000	\$250,001 - \$500,000		\$1,000,001 - \$5,000,000		One \$50,000,000	NOWE	Convertor Constitution of the Constitution of	RENT	ANTEREST	EXCEPTED BURD TRUST	1		Other Type of Income (Specify e.g., Patteridati Income or P	and a second	Money Company	\$1 - \$200	\$201 - \$1,000	51,001 - \$2,500	25,501 ~ 25,000 es 001 – ess 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	None	\$1 - \$200	\$201 \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	615 001 - 650 000	111	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000
SP. SP Mega Corp. Stock		,		(X		4			Ţ		*******					X.		Ţ	<u> </u>						X					Ţ	П	
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For additional assets and unearned income, use next page.

SCHEDL	JLE III —	LIABIL	.ITIES

Name	SCOTT	Fistler	Page 3 of 3

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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 previous calendar year exceeded \$10,000.

								Am	ount c	f Llat	oility			
SP, DC, JT	i	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001	\$15,001— GB \$50,000	\$50.001 \$100,000	\$100,001— \$250,000	\$250,001— rm \$500,000	\$500,0001— \$1,000,000	\$1,000,001— S	\$5,000,0001— \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
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SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filling during the current calendar year and in the two prior years as an officer, 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.

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 honorary nature.

Position	Name of Organization	
Administrator	PIAK Home Care LC	·

Use additional sheets if more space is required.