№	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans st consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
N _o	ou Yes	closed. Have yo	d certain other "excepted trusts" need not be dis	on Ethics and dependent chi	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?
 	QUESTION	F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	nswered and h "Yes" resp	must be ar ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	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.
No	Yes	arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No.	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.
No K	ves	or before the da	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.	S _S	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.
No Control	Yes	d receive any in the reporting 9)?	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.	₹ <u>₹</u>	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.
No No	Yes	receive any pregating more	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.	N _O	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 Yes
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
more man	against anyone who files more than 30 days late.	30 days late.	Termination Date:		Report Annual (May 15, 2012) Amendment
assessed	A \$200 penalty shall be assessed	A \$200 per	or Employing Office:	Officer or Employee	Status Member of the U.S. State: State: District:
ENTATIVES	U.S. HOWE GEBERRASENTATIVES	U.S. H			
5: 59	1 ()2012 MAY 15 PM 5: 59		Daytime Telephone:	Daytime 1	Name: Donales L. Lamborn
RCE CENTER	LEGISLATIVE RESOURCE CENTER	LEGI			
Page 1 of I <	HAND Pag DELIVERED	DE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name Douglas L. Lemborn

Page 2 of 12

SCHEDULE I—EARNED INCOME

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 Am	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Lamborn for Congress company	Spouce hourly fee	V/V
	for book keeping	
	and compliance	
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For payments to charity in lieu of honoraria, use Schedule II.

Asset and/or income Source Another of income Transport of a source Asset and/or income Asset and/or inco	F	13 ds	Sp Sc	2	6	JT We		DC, Examples:	SP	For an owners that is not pub ness, the natur tion in Block A. Exclude: You homes and va income during ing \$5,000 or accounts; and a from, a federal Savings Plan. If you so choo income source child (DC), or is optional column. For a detailed please refer to	For rental vide a cor	ment according the name value at the	For all IRA plans) that the power, investments account the	Provide cu	reportable more than	of income	As	- 1	
Value of Asset Type of Income Value of Asset Value Val	(see page 6)		Strude IRA (su peus 5)	othrado IRA (see pune 4)		1				refrency interest in a privately-ried dusiness publicly traded, state the name of the businature of its activities, and its geographic locatic A. Your personal residence, including second ducation homes (unless there was rental ring the reporting period); any deposits totaling the reporting period; and any financial interest in, or income derived deral retirement program, including the Thrift an. Choose, you may indicate that an asset or those is that of your spouse (SP) or dependent or is jointly held with your spouse (JT), in the lumn on the tar left. Iled discussion of Schedule III requirements, in to the instruction booklet.	or other real property held for investment, properte address.	unts which are not self-directed, provide only of the institution holding the account and its and of the reporting period.	Is and other retirement plans (such as 401(k) are self-directed (i.e., plans in which you have even if not exercised, to select the specific s), provide the value for each asset held in the at exceeds the reporting thresholds. For retire-	mplete names of stocks and mutual funds (do ker symbols.)	asset or sources of income which generated \$200 in "unearned" income during the year.	 each asset held for investment or production with a fair market value exceeding \$1,000 at if the reporting period, and (b) any other 	set and/or Income Source	BLOCK A	
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Page 4 of 12	Name Donales L. Lamborn	Name Dou	"UNEARNED" INCOME	SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Douglas L. Lamborn

Page 5 of 12

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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Wonglas L. Lemborn

Page 6 of 12

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	mayon care at 22	aption.	Feb. calls at 23	Feb. call		Minds Carlo	له به در هر	Feb. calls at 55	5 Net App, Inc. o	a stoc	Research in Motion stock	Scottrade margin eccount	BLOCK A Asset and/or Income Source
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		X	×		X	X	×		X	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
		X	×		X		×		×	X	X	None	BLOCK D Amount of Income
		5	5		٠ ا	20	L		h	P Stouz)	S	or of m	BLOCK E Transaction

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	o Call at	1 Net Am Face eption-	Feb. call at 55	1 Net App Fuc aption-	Net App, Inc. stock	Net App, Inc. stock	Net App, Jac. stock	Septicals at 14	3 Nordia options -	March call at 25	(Nuidra potion-	<u>دم</u>	Nvida stock	Nordaa stock	Example: Mega Corpor	SP. DC. JT Asset	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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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
					×	×							×	X			PURCHAS	SE	of Tra
		×		×			×		×		×	X			×		SALE		Type of Transaction
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				×										!			Check Box Gain Excee	if Capital ded \$200)
		5/6/11		1/26/11	11/17/11	1/26/11	1/21/11		8/15/11		2/18/11	9/16/11	8/15/11	2/7/11	10-12-11		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
	_		_		<u>×</u>	×	X					×	×	×			\$1,001- \$15,000	>	
			-		<u> </u>		-			-				<u> </u>	×		\$15,001- \$50,000	0	
	_			ļ . <u>-</u>		_	<u> </u>		<u> </u>		<u> </u>				ig		\$50,001- \$100,000 \$100,001-	C	Amount
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-			-		+-						\ <u></u>				H		\$1,000,000 \$1,000,001-	۳ و	of Transaction
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			1				-										\$25,000,000 \$25,000,001 \$50,000,000		-
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th any purchase, sale, bendent child during the held for investment the ed in a capital loss. Proceeding the purchase or sans or the purchase or sans ental income. If only a cles, "partial sale"). Sal Gains — if a sales 50, check the "capital g Sp Sp Sp Sp Sp Sp Sp Sp Sp Sp Sp Sp Sp	PURCHASE of Transaction sale exchange	EXCHANGE OF	Check Box if Capital Gain Exceeded \$200	MO/DAY/YR) Or Quarterly, Monthly, or Bi-weekly, if applicable 2/7/1/ 2/7/1/	\$15,000	\$50,000	\$100,000 ° B	\$250,000 D S S S S S S S S S S S S S S S S S	\$500,000 m	\$1,000,000	<u> </u>	\$1,000,001- \$5,000,000 G	\$1,000,001-	\$1,000,001- \$5,000,000
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SP 3 Noted a sotions -	×			8/15/11										
Sept. com	<			112/1	\									
SP Net App. Inc. stock	×			1/26/11	XX									
P	<u> </u>			וו/הו/וו	X									
Z 16	X		×	1/26/11										
SP 1 Net App, Inc. option- June all at 55	X			5/6/11										
1 1										_				

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SP Net Appa Inc. stock	SP Net App. Inc stock	March calls at 25	SP 5 Nurdou aptions -	Feb. colls et 23	SIP 2 Nuestra options-	Feb. calls at 25	SP 4 Nindsa options	SP Nindia Hock	SP Nordia stock (partial sale)	SP Nvida stock	SP Nisdoa stock	SP Nucota stock (purtod sale)	SP Nordon Hock	SP Muscha stock	SP Research in Motion stock	Example: Mega Corpo	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. Sp Sciffbake margin a ccount)	dren, 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	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
×										×			×	×			PURC	HASE		of Tra
	×		×		X		×	×	X		X	×			×	×	SALE			Type of Transaction
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1/26/11	1/21/11		11/22/2		2/15/4		2/3/11	2/18/11	11/6/11	2/22/n	2/18/11	2/18/11	2/15/11	2/3/11	1/21/h	10-12-11	Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YR)	Date
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																	Over \$50,000		_	

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									June Calls at 55	SP 5 Net App Inc potions -		SP 5 Net App Inc. eatsons-	Example: Mega Corpo	SP. DC. JT Asset	2 ∃	cate (I.e., "partial sale"). See example below.	dren, 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 indi-	resulted in a capital loss. Provide a brief description of any exchange trans-	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
		_													PUR	CHA	SE		of Tr
										X		X	×		SALE	=			Type of Transaction
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										5/6/11		1/26/11	10-12-11		applicable	Monthly, or	or Quarterly	(MO/DAY/YR)	Date
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	\ .						<u> </u>			 	-			\perp	\$50,00 Over \$50,00		<u> </u>		

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

ii oi gag	History and Consentation.	Date		11	11	, 	Amount of Liability	╷ ┆ ┆		<u> </u>	4 1
SP, DC, JT	Creditor	Liability Incurred Mo/Year	Type of Liability	\$10,001- \$15,000 >	\$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	40,000,000	\$5,000,001- \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×			_		
77	Wells Fargo Bank, NA	Jun 2005	Jun 2005 line of credit on 2190			×				1	
	-		Mulloyen Dr. Colo, Specia							l	
95	Scothade	Jah 2011	lah 2011 Maran account	×		1				i .	
			c							I	

SCHEDULE VI— GIFTS

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. 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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source Source Example: Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Ethics)			 	
Source Description Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Ethics)	Example:			
received from Committee on Ethics)	Source Mr. Joseph H. Smith, Anytown, Anystate			
	Description Silver Platter (determination on personal friendship received from Committee on Ethics)			
'alue \$375	Value \$375			

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

spouse or dependent child that is totally independent of his or her relationship to you. **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

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Hoycron Corporation	Aug. b− i i	DC—Eos Aligeles—Cleveland	Ŀ	-	1	2 Days
Keritage Foundation	11/22-29/11	1/27-29/11 DC-Los Angales - 100	~	-۲	7	None
Jadicon Kelly PLLC	4/15-16/11	4/15-16/11 OC-lexington, K9-VOC	~	-۲	>	None
	10/16-21/11	10/16-21/11 DC. Penana Coty Penana	~	7	7	None
in the same of the		ØC ,				
	10/27 -	DC-Bulgacit, Hougary-DC	7	7	7	None
	11/1/11					
American Israel Education 11/4-13/11 DC-TOI Nov Israel-DC	11/4-13/11	DC-701 Nivy Israel-OC	۲	٦	イ	None
form letter		-				
			·			