 ≥ ⊠	child because Yes	ssactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, tran	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
No No	closed. Have you Yes	d certain other "excepted trusts" need not be discilld?	e 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?
TIONS	F THESE QUES	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
d and the response.	must be answered ed for each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes If yes, complete and attach Schedule V.
No X	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	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 C	or before the date Yes	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.	No	Ill. 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 X	receive any noting Yes	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.	No X	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.
□ Se	receive any regating more Yes	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.	No No	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
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
all be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Filer Member of the U.S. State: 1/2 Status House of Representatives District: 8 Amendment
AM II: 04 HE CLERK REPENTATIVES	LEGISLATIVE RESOURCE CENTER 2012 MAY 15 AM 11: 04 0FFICE OF THE CLERK U.S. HOUSTION REPRESENTATIVES	(2/2)367-7350 Daytime Telephone: (202) عدد (203)	Daytime	Name: Terrold Lewis Nadlex
Page 1 of 3	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name Terrold Lewis Nedler Page Zot 5

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	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$9,000
	Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech	\$1,000 NA
New	York State Employee Retirement System	Pension	20131
- J&E	New York City Emphase Retirement System	Spouse Pension	45
5			

 	10			_					
	HSBC BANK SPITE MORGAN CHASE	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, Sp Mega Corp. Stock	vide 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. Exclude: Your personal residence, including second nomes 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 fincome 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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment 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, pro-	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 generaled 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 retire-	Asset and/or income Source ldentify (a) each asset held for investment or production	BLOCK A
		×	- →	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$0,001 - \$50,000,000 \$1,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L		Indicate value of asset at close of	BLOCK B
		×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		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 asset generated no income during the reporting period.	Check all columns that apply. For	BLOCK C
		×	×	X	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 Over \$5,000,000		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.	For assets for which you checked "Tax-	BLOCK D
				S (partial)	sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is	purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Indicate if the	BLOCK E

SCHEDULE V— LIABILITIES

Name Verrold Lewis Naller Page 4

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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 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 mortgages on personal residences.

82			TH		JT C,		
Chase Credit Con Services 12/10 Revolving Credit Co			WELLS FARGO BANK	Example: First Bank of Wilmington, DE	Creditor		
12/10		,	JAN 2011	May 1998	Mo/Year	iability	Data
Revolving Credit Card	apt. 3c	York, N.Y. 10023.	JAN, 2011 Mortgage on 315 4.70 St., New	Mortgage on 123 Main St., Dover, DE	Type of Liability		
					\$15,000	Α	
<u> </u>					\$50,000	В	
		_			\$100,000	<u>ဂ</u>	A
		<u>. </u>		×	\$250,000 \$250,001-	D E	Amount of Liability
				<u> </u>	\$500,000	- -	t of Li
					\$1,000,000	ଦ	ability
				-	\$5,000,000 \$5,000,001 \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٦	

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 triendship received from Committee on Ethics)	\$375

SCHEDULE VIII—POSITIONS

Name Jerrold Lewis Naller

Page 5 of 5

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 political parties and campaign organiza-

main() and produces over the main in the main of	The second of th	
Position	Name of Organization	
National Vic President	National Vice President Brai Zion Foundation	(uncompensated)
Chair	East of Hudson Rail Freight Task Force	un componsated)
Member, N.Y. Bl. of Dir		unconversated)

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

				Date
] 			Parties To
		:		
				Terms of Agreement
				reement