	ild hics. Yes \( \text{No } \( \text{V} \)	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.	ets, "unearned" inc Do not answer "yes	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or lia because they meet all three tests for exemption? Do not answer "yes" unless you have first (	
	Yes ☐ No ✔	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?	ed by the Committe tails of such a trust	Trusts- Details regarding "Qualified Blind Trusts" approvious disclosed. Have you excluded from this report details reported to the control of the control o	
	STIONS	TION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	m
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes 🗸 No 🗌	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 IX.		if yes, complete and attach Schedule IV.	
	outside  Yes  No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes 🕢 No 🗌	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	7
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	ing In the Yes No 🗸	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🗸 No 🗆	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	
	le travel or lan \$350 Yes ☐ No ✔	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No V	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?	Е.
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule i.	
	le gift in herwise 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)?	Yes 🗸 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	
		UESTIONS	OF THESE Q	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	70
	more than 30 days late.	Termination Date:	☐ Termination	Report Type  Annual (May 15)   Amendment	
	be assessed against	Employee	ļ 	<i>-</i>	
VES	LS HOUSE OF REPOSTATIAN VES	Employing Office:	0 0	Filer Member of the U.S. State: MN	
	(Office Use Only)	(Daytime Telephone)		(Full Name)	
7	2012 MAY 15 PM 12: 37	2022252472		Timothy J. Walz	
9	LEGISLATIVE RESOURCE CENTER				
i i	employees	FORM A  Page 1 of 7 [ ] For use by Members, officers, and employees	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	-
					٦

Yes 🗆 No 🗸

## **SCHEDULE I - EARNED INCOME**

Name Timothy J. Walz

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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) totaling \$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.

Source     Type     Amount       Mankato Area Public School     Spouse Salary     n/a
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name Timothy J. Walz	

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Timothy J. Walz	. Walz		Page 3 of 7
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCKE
ASS Identify (a) eac value exceedir reportable ass "unearned" in	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 asset or sources of income which generated more than \$200 in "unearmed" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(t)) plans or IRAs), you may check the	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in
Provide complete For all IRAs and ( (i.e.,plans in whice investments), pro- reporting threshor only the name of reporting period.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 40 f(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.	market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	(such as 401(k) plans or IRAs), 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.	"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	
For an owners	For rental or other real property held for investment, provide a complete address.				
state the name of the location in Block A.	ror an ownership interest in a privately-neid business triat is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there v \$5,000 or less in, or income d Savings Plan.	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.				
if you so choos spouse (SP) or optional colum	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.				
SP	Education Minnesota not self- directed (American United Life Insurance Company)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	ס
DC	American Balanced Fund 529	\$1,001 - \$15,000	DIVIDENDS/Capit al Gains	\$1 - \$200	
סר	Education Minnesota not self- directed (American United Life Insurance Company)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Mass Mutual Life Insurance/Mass Mutual (whole)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	Ū
	MN Retirement Assn not self directed	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	MN Retirement Assn not self- directed	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Timothy J. Walz	J. Walz		Page 4 of 7
SP	NW Mutual Life Insurance (whole/term)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Rental Unit - 12 Valley View Place, Mankato, MN	\$100,001 - \$250,000	RENT	\$1,001 - \$2,500	
	Remainder Interest in family farm, Boyd County, NE	\$15,001 - \$50,000	INTEREST	NONE	

## **SCHEDULE IV - TRANSACTIONS**

Name Timothy J. Walz

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	American United Life Insurance Company/Mass Mutual (whole)	P	N/A	Monthly	\$1,001 - \$15,000
SP	Education Minnesota not self-directed (Great American Financial Resources)	Р	N/A	Monthly	\$15,001 - \$50,000

## SCHEDULE V - LIABILITIES

Name Timothy J. Walz

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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 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 personal residences. 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

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
TL	Chase		Revolving	\$15,001 - \$50,000
7	MBNA - Bank of America		Revolving	\$15,001 - \$50,000
JT	CitiMortgage	March, 2005	Mortgage on 12 Valley View Place, Mankato, MN 56001	\$100,001 - \$250,000
JT	Chase Home Finance	March, 2005	Line of Credit on 12 Valley View Place, Mankato, MN 56001	\$50,001 - \$100,000
JT	American Express		Revolving	\$10,001 - \$15,000

## SCHEDULE IX - AGREEMENTS

Name Timothy J. Walz

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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
12/22/10	Mankato Area Public Schools	Leave Without Pay Through 1/2/13
12/22/10	MN Teacher Retirement Assn not self directed	Leave Without Pay Through 1/2/13