Trans.				
Yes No		sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	d" income, tran	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.
No No		d certain other "excepted trusts" need not be disclosed. Have you ild?	e on Ethics and r dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No X	Υ ₀		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
QUESTIONS	OF THESE QUE	INFORMATION — ANSWER EACH O		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
red and the s" response.	must be answei ed for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 1
Yes No		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.
Yes No X			<u>8</u>	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 No	Ū	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 No	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 No	có	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 U	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 If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	against anyone w 30 days late.	Termination Date:		Annual (May 15, 2013)
\$200 penalty shall be assessed	A \$200 penalty s	Employing Office:	Officer or Employee	Filer Member of the U.S. State: Mac State: Mac State: Mac State: Mac State: Mac Mac State: Mac State: Mac
•	변동 동양생물 내 (Office-Use Only) ੍			
Pil 1: 04 M/	2013 MAY 15 PH 1: 04	Telephone:	Daytime 1	Name: WILLIAM H. "BILLY " LONG TI
PELIVERED Page 1 of 14		Form A For use by Members, officers, and employees	MENT	UNITED: STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
· • •				

Name WILLIAM H. BILLY LONGIE

Page 2 or 14

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.

				ļ					Examples.	Fyamples:			
							SCHEDULE 1 - EARNED INCOME ATTACHED	Ontario County Board of Education	Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source	
								Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
								NA	\$1,000	\$9,000	\$6,000	Amount	

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William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calender Year 2012

Keller Willi	Keller Willi Gross Sale	Schedule I -	-
Keller Williams Realty, Inc.	Keller Williams Realty, Inc. Gross Sales of Real Estate for Resale	Schedule I - Harned Income Source	1
Spouse Residual Commissions	Residual Commissions Sales	Туре	
N/A	2,410 120,000	Amount	

Name WILLIAM	
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Page 4 o	
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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

9			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC		Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500
NONE			
			:
	:		

DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts 3 PAGES ATTACHED	SP, Sp Mega Corp. Stock	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 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 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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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 "unearned" income during the year.	Asset and/or income Source	DI OOK A
indefinite X	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	Value of Asset	ם אסטים
X	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	Type of Income	BI OCK C
×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	dependent child.	* This column is for income generated by assets held solely by your spouse or	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-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	Amount of Income	ロンハイロ
	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	ם אטער פ

Stock and Securities: Fidelity Investments: 133-207446 Fidelity Municipal Money Market Direxion ETF PepperRock Res Corp	ng, 1444 N. Wabash, um, 23922 Deville Way, ilfas County, MO r Resale: tes, Stone County, MO Stone County, MO	Bank Accounts: Bancorpsouth, checking account Springfield First Community Bank, WHL Trust Springfield First Community Bank, WHL Trust SP Ameritrade, money market account SP Springfield First Community Bank, Hith Svgs Acct Rental Real Estate:		Asset and Onearned Income Asset and/or income Source
×× ×× ×× ××	× × × × × × × × × × × × × × × × × × ×	***	\$ 1,0 6 0 0 0 1	Value of Asset Type of Income
	X X X X X X X X X X X X X X X X X X X		\$ 1,00,00 1	Amount of Income Transaction

		ងង		
Fidelity Investments: (SEP) 133-164313 Annaly Capital Mgmt Inc Cdex Inc CI A Fidelity Cash Reserves Ford Motor Co Kinder Morgan Mgmt LLC SCAC Hidgs Corp New Southern Company	Insurance Policies Metilife Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value Individual Retirement Accounts:	Stocks Held, Scottrade 52562691 Apollo Investment Mgmt Centerpoint Energy Kinder Morgan Mgmt LLC Omega Healthcare Invs Inc Pimco CP Oppty Two Harbors Invt Corp St. Louis Cnty MO Mgt Rev Bond Vanguard Funds, Mutual Funds: 88010950528 Prime Money Market Fund Southern Company		Asset and/or Income Source
			None 1	
			\$ 1,0 0 1 - \$ 1 5,0 0 0 0 0 0 0	
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			CAPITAL GALNS EXCEPTED/BLIND TRUST	Type of Income
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Business Interests: Billy Long, Inc., Sub S Corporation Real Estate Commission Sales 620 W. Republic Road, Springfield, MO 80% shareholder interest Professional Realty Referral, Inc., S Corporaton Real Estate Commission Sales 620 W. Republic Road, Springfield, MO 100% shareholder interest	Fidelity Investments: (IRA) 2AX-343196 Fidelity Magellan Fund Vanguard Prime Money Market Fund 88019867049 Wells Fargo Advisors: (4143-5730) Bank Deposit Sweep Centurylink Inc Kinder Morgan Mgmt LLC Omega Healthcare REIT Invst Inc The Southern Company Total Fidelity Investments: 414-229393 Southern Co Fidelity Cash Reserves		Schedule III - Assets and "Unearned" Income Asset and/or Income Source
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		NTEREST CAPITAL GAUNS	Type of Income
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EXCEPTED/BLIND TRUST	*
		OTHER TYPE OF INCOME	
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SCHEDULE IV— TRANSACTIONS

Name William K. BILLY LONG I

Page G of I

									1 PAGES ATTACHED	SP Example: Mega Corporation Common Stock (partial sale)	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. * This column is for assets solely held by your spouse or dependent child.	purchase or sale or 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.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the	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
												PURCH	IASE		of Tra
						<u></u>				×		SALE			Type of Transaction
												EXCHA	NGE		tion
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										10-12-12		applicable	or Quarterly,	(MO/DAY/YR)	Date
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												(Spouse/DC As		<u> </u>	

Individual Retirement Accounts: Fidelity Investments: (SEP) 133-164313 Annaly Capital Mgmt Inc Kinder Morgan Mgmt LLC Southern Company	Real Estate Held for Resale: Hidden Valley Estates, Stone County, MO 32 Martin Lane, Dallas County, MO Converted to Real Estate Held for Rental	Rental Real Estate: 32 Martin Lane, Dallas County, MO Converted from Real Estate Held for Resale	SP.DC. ASSET	SCHEDULE IV TRANSACTIONS
	×		PURCHASE	Type of
			EXCHANGE	
	Loss		Check Box if Capital Gain Exceeded \$200	
1/4/2012 1/4/2012 1/4/2012	6/15/2012 1/1/2012	1/1/2012		Date
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SCHEDULE V- LIABILITIES

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close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 during the year. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 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

SP.						
Creditor Example: First Bank of Wilmington, DE	L	1 Page ATACHED				
Date Liability Incurred Mo/Year May 1998	May 1998					
Type of Liability Mortgage on 123 Main St., Dover, DE	Mortgage on 123 Main St., Dover, DE					
\$10,001- \$15,000 > \$15,001-						
\$50,000	_		<u>-</u> .			<u> </u>
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\$25,000,001- \$50,000,000			,			
Over \$50,000,000 -						
Over \$1,000,000*			 			

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

 _	 Τ		т		٢
		THE CONGRESSIONAL AWAY	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		TRAVEL VOUCHER	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
, i		1,336	\$375	Value	

William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calendar Year 2012

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JT W. H. Long, Springfield, MO	JT Bank of America, Simi Valley, CA	JT Ozark Bank, Ozark, MO	JT Ozark Bank, Ozark, MO	JT Commerce Bank, Springfield, MO	Creditor	Schedule V - Liabilities
1/1/2011	2007	2008	2008	2010	Date Liability Incurred Mo/Year	
Loan secured by rental real estate 32 Martin Lane, Dallas Co., MO	Real estate mortgage, Rental Property 23922 DeVille Way, Malibu, CA	Loan secured by personal residence	Loan secured by real estate for resale Galena 165 Acres, Stone Co., MO	Loan secured by rental real estate 1444 N. Wabash, Spfg, MO	Type of Liability	
X		×	×		\$ 1 0, 0 0 1 \$ 1 5 0, 0 0 0 B \$ 1 5, 0 0 1 - \$ 5 0, 0 0 0 B \$ 1 5, 0 0 1 - \$ 5 0, 0 0 0 B \$ 1 0 0, 0 0 1 - \$ 1 0 0, 0 0 0 B \$ 1 0 0, 0 0 1 - \$ 2 5 0, 0 0 0 B \$ 5 0 0, 0 0 1 - \$ 5 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 2 5, 0 0 0, 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 2 5, 0 0 0, 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 2 5, 0 0 0, 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 0 1 - \$ 5 0 0 0, 0 0 0 B \$ 5, 0 0 0, 0 0 0 0 0 0 0 0 0 0 0 B \$ 5, 0 0 0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

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

COKSUMER ELECTRONICS Examples: AMERICAN ASSN OF LAW HERITAGE FOUNDATION LIBRARIES AND HOMEON-REVIEW Chicago Chamber of Commerce Roycroft Corporation Source Assx TY-25-27 42 JAN 8-11 Aug. 6-11 Date(s) 20-21 54-145 VEGAS-56F DO-THILADELPHIA -DO City of Departure—Destination— City of Return R DC—Los Angeles—Cleveland ١ BOSTON 1 DC—Chicago—DC Ŕ Lodging? (Y/N) X z ~ (Y/N) X く z Member included? Was a Family 2 3 ~ z ≺∷ at sponsor's expense Number of days not グランの Nove 2 Days None

SCHEDULE VIII—POSITIONS

Name WILLIAM A. BILLY Land I

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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-

Position	Name of Organization
None	ANON

SCHEDULE IX—AGREEMENTS

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. 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