EXEMPTION—Here you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a they meet all three tests for examption? Do not answer "yes" unless you have first consulted with the Committee on E	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	our appares, on them \$10,000 and administration	IV. Did yeu, your apouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding. Yee	III. Did you, your spouse, or a dependent child receive "uneerned" 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 Schadule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speach, appearance, or article in the reporting period? If yes, congrists and attach Schedule II.	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 X No No H yes, complete and attach Schedule I.	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	(X)	Status House of Representatives District 0 Employee	Name: Frank bunta Daytim	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
ransactions, or liabilities of a spouse or dependent child because ad with the Committee on Ethica.	and certain other "excepted trusts" need not be discissed. Have you of the?	PRIMATION - ANSWER EACH OF THESE	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yee, complete and attach Schedule IX.	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.	VII. Did you, your spour reportable havel or rete parted (worth more than If yes, complete and a	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 summpt)? If yes, complete and attach Schedule VI.	ESE QUESTIONS	Termination Date:	Employing Office:	Daytime Telephone: () () () () () () () () () (Form A HAND D
1		QUESTIONS	nawered and the h "Yes" response.	** Yes No X	7	Yess No	No Desi		agental enjoire enzouene more unes 30 days lete.	A \$200 penalty shall be assessed	2012 AUG 31 AM 9: 12 OFFICE OF THE CHAIL AT 1VES OFFICE OF REPRESENTATIVES (Office Use Only)	HAND DELIVERED

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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.

Cheirne mines y bay (and as institute dust of reserve bay), reverse temesters brogastie, and being	HE I SCHOOL OF HEILT PARKETS	CHAIRY FRANCE
Source	Туре	Amount
Koene State	Approved Teaching Fee	\$5,000
State of Maryland	Legislative Pension	\$9,000
Ω <u>\$</u>	Зраше Ѕреесп	\$1,000
Chitario County Board of Education	Spouse Samry	\$
Catholic Molical Contes	Spoux salar	NA
	/	

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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 filling package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	\$2,000
^ <i>J</i>	114	114	1+1

SETS AND "UNEARNED" INCOME	
Name town	

Bluster Gold Union St Mars Bunt	of man kstrait ord	DC, Examples: Sinon & Schueber 11 Serie of Probably, KY Accounts	then appoulms when are first amount, provine dray the name of the institution healting the account and its value at the end of the reporting period. For restal or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, sales the name of the business, the nature of its activities, and its geographic location in Block A. Businete: Your personal residence, including second homes and vacation homes (unless there was revisition in Block A. Businete: Your personal residence, including second homes and vacation homes (unless there was revisition in Block A. Businete: Your personal residence, including second homes and vacation homes (unless there was revisition in Block A. Business: Your personal residence, including account interest in a personal checking or saving account; and any financial interest in, or income derived from, a federal resistencent program, including the Thritt Savings Plan. If you so oftones, you may indicate that an asset or income source is that of your apouse (3P) or department child (DC), or is jointly held with your spouse (3T), in the aptional calumn on the far left. For a detailed decuseion of Schedule III requirements, please refer to the instruction bookles.	A SOUTCH SOUTCH INVESTIGATION OF THE SOUTCH
	×	indefinite X	None >	BLOCK B Value of Asset 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."
		X A Royalites	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 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 IPAs), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even it retirevealed, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	×	×	None - \$1 - \$200 # \$201 - \$1,000 # \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ≮ \$5,001 - \$15,000 £ \$50,001 - \$50,000 £ \$50,001 - \$100,000 £ \$100,001 - \$1,000,000 ₽ \$1,000,001 - \$5,000,000 X Over \$5,000,000 X	Amount of Income Amount of Income For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate bax before. Dividends, interest, and capital galins, even if retrivested, must be disclosed as income. Check Thorie" if no income was earned or generated.
			m .o. 70	BLOCK E

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

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																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
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SCHEDULE IV- TRANSACTIONS

PURCHASE SALE EXCHANGE PURCHASE Tansaction	PURCHASE Type SALE EXCHANGE Check Box if Capital Gain Exceeded \$200 Check Box if Capital Gain Exceeded \$200 Date 10-12-11 \$1,001- \$15,000	PURCHASE SALE EXCHANGE Check Box if Capital Gain Exceeded \$200 Check Box if Capital Gain Exceeded \$200 TO T	PURCHASE Transaction SALE EXCHANGE Check Box if Capital Gain Exceeded \$200 Check Box if Capital Gain Exceeded \$200 TO-12-11 S1,001- \$15,000 X \$15,001- \$50,000	Report any purchase, sale, or exchange transactions by you, your spouse	uring the reporting period of tent that exceeded \$1,000.	action, include transactions between you, your spouse of dependent one- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an exset is sold, please so inclu- cate (i.e., "pertial sale"). See example below. 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 Example: Mega Corporation Common Stock (partial sale)	,										
	Check Box if Capital Gain Exceeded \$200 Output Output Output S1,001- \$15,000	Check Box if Capital Gain Exceeded \$200 10-12-11 Strong of Stron	Check Box if Capital Gain Exceeded \$200 10-12-11 Strong of Stron	our apouse,	-			rtiel sale)		_									
† 	Check Box if Capital Gain Exceeded \$200 10-12-11 \$1,001-\$15,000	Check Box if Capital Gain Exceeded \$200 10-12-11 \$1,001- \$15,000 \$15,001- \$50,000 B	Check Box if Capital Gain Exceeded \$200 Property Of Property Of Street, Stree	<u> </u>			H	Ļ			·						- 		
1 1 1	Check Box if Capital Gain Exceeded \$200 NODAY/YR Check Box if Capital Gain Exceeded \$200 NODAY/YR Strong And	Check Box if Capital Gain Exceeded \$200 Date Property of the state o	Check Box if Capital Gain Exceeded \$200 Date Planting of ANDVAYYE S1,001- \$15,000 × \$15,001- \$50,000	8	- Ctio		H												
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Date (MO/DAY/YR) Or Quarterly, Monthly, or Bi-weekly, if applicable		\$50,000	\$50,000			\$15,000													
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SCHEDULE V— LIABILITIES

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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 liabile); 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

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58 9	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$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 \$5,000,001- \$25,000,000	\$25,000,000 \$25,000,001 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1996	Mortgage on 123 Main St., Dover, DE				×					
25	Strais - 172 Your le st Auct	Auct					\ \					
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SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meets, 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	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anytose	Silver Platter (determination on personal triandship received from Committee on Ethics)	\$375

Name Frank autike
4 10 Jacon

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed by the sponsor. 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

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

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food?	Was a Family Member included?	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
Todash Coelition of America 292415 DC- Istenbul-DC	2/q2415	X-Istanbyl X	/	Y	7	apu
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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
\ <i>J</i>	HV

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 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 employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
 1/4	471	14M