No No	ent child Yes	ilities of a spouse or dependent committee on Ethics.	"unearned" income, transactions, or liabilitie unless you have first consulted with the Cor	arned" income ss you have fir	ort any other assets, "une Do not answer "yes" unle	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.	EXEMPTION—Havecause they meet a
8 ⊠	Yes 🔲	ent child?	s and certain other "exce spouse, or a dependent	nittee on Ethic iting you, your	ts" approved by the Comi	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 a dependent child?	RUSTS—Details relisclosed. Have you
S	SWER EACH OF THESE QUESTIONS	WER EACH OF T	- AN	T INFORI	DENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION O
	י "Yes" response.	dule attached for each "Yes" response.	answered and the appropriate schedul	d and the a	t must be answered	Each question in this part must be	. Eac
S) from Yes	mpensation of more than \$5,000 from the prior years?	VI. Did you receive compe a single source in the two If yes, complete and atta	8	y report- eriod? Yes 🔀	III. 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 III.	 Did you, your spout ble liability (more than yes, complete and s
× ⊠	nent Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any repor with an outside entity? If yes, complete and atta	§	unearned" id any the period? Yes	II. 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 II.	. Did you, your spous noome of more than \$ sportable asset worth yes, complete and s
<u>8</u>	the date Yes	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any report of filing in the current cales if yes, complete and atta	N _O	period? Yes	 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 yee, complete and attach Schedule I. 	Did you or your spouses) of \$200 or more to yes, complete and a
		·	E QUESTIONS	OF THES	ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION — ANSW	RELIMINARY
	more than 30 days late.				Employing Office:	employee	
assessed who files	A \$200 penalty shall be against any individual	Check if A a	Election: MARCH 20, 2013	Date of Election	State: #LL; NOIS District:	Candidate for the House of Representatives . New officer or	Status
TIVES C	OFFICE OF THE CLERK U.S. HOUSE OF BEPRESENTATIVES (Office Use Only)	U.S			,		
28	2012 JAN -5 PM 12: 28		Daytime Telephone:	Daytime	Peloquin	onald E. PE	Name: D
MIER.	LEGISLATIVE RESOURCE CENTER						,
Page 1 of 6	DEC 2 7 2011	M B and new employees	FORM B	ا /اعد	NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - ひょくらんしょう	UNITED STATIFINANCIAL DI

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Donald . W Pelopur Page 2 or 5

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. 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

						Christ The King School	₹	City of Blue Island	City OF Blue Island	Hickey Memorial Chapels LTD	Hickey MEMORIAL Chapels, LTD	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Examples: First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Control (Include date of seculative includents)	Source (include date of receipt for honoraria)
						Spouse's Salary	REVENUE'S	Expenses	MAYOR COMMISSON, MA	Bonus	Embalmers Salary	Spouse Salary	Honorarium	Director's Fee	Salary	. J po	T TWO
					٠	30,000	60.000	3600		15,000	70,000	NA	0	\$400	\$6,300	Current Year to Filing	Amo
		55 55 55 55	•	,		30,000	60,000	3600	30,000	15,000	70,000	NA	\$1,000	\$ 3,200	\$28,450	Preceding Year	Amount

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Dowald E. Petersin

Page 3 of 6

Continuation Sheet (if needed)

									\$	Å.			JT,	န္		
								Kuight	MASS	PENN	PERM	HORNI			Asset	
			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2				がまれ	ナインナインナイン	リスチェチュ	アルナルディ	HORNTHINGS OF PLAN			Asset and/or Income Source	BLOCK A
	:							No av				\$			ource	
								ļ					None	>		
			 	<u> </u>		1	-	 			-		\$1 - \$1,000	В.		
		 		 			-	×					\$1,001 - \$15,000	CD	_	
					<u> </u>		 		×	×			\$15,001 - \$50,000 \$50,001 - \$100,000		Value of Asset	
						-						×	\$100,001 - \$250,000	71	ē	вгоск в
				 -			\vdash	 	-		×		\$250,001 - \$500,000	ີ ດ	으	δ
		 		_				1					\$500,001 - \$1,000,000	I	As	â
		 				<u> </u>	 				ļ		\$1,000,001 - \$5,000,000	_=	Se	
													\$5,000,001 - \$25,000,000		_	
				_									\$25,000,001 - \$50,000,000			
		 		_				1					Over \$50,000,000	-		
		 											NONE			
				_									DIVIDENDS			
													RENT			
													INTEREST		~등	;
													CAPITAL GAINS		Ō	핃
						l							EXCEPTED/BLIND TRUST		<u>≃</u>	вгоск с
													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income	X C
							i	₩.	~	→<.	ーメ	~	None -			
													\$1 - \$200 =	İ		
													\$201 – \$1,000	<u> </u>		
													\$1,001 - \$2,500 <	Current Year		
													\$2,501 - \$5,000 <	ਰ _ਿ		
													\$5,001 − \$15,000 ≤	Ĭ Į		
													\$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦	ا≽		
					<u></u>									ğ	A	
$oxed{oxed}$								ļ					\$100,001 - \$1,000,000 😾	`	Amount of Income	
								<u> </u>					\$1,000,001 - \$5,000,000 ×		H	ᇣᆝ
													Over \$5,000,000		ō	BLOCK D
							<u> </u>	*><-	engari,	->-	*	ブ	None –	- 1	-	Ä
													\$1 - \$200 =	į	ಸ್ಥ	_
		 ļ					<u> </u>						\$201 − \$1,000 ≡	<u> </u>	Ž	
ļ								<u> </u>	L				\$1,001 - \$2,500 <	සු	Ø	
lacksquare		 		<u> </u>			<u> </u>						\$2,501 - \$5,000 <	Preceding		İ
													\$5,001 − \$15,000 <u>≤</u>	ΞI		
		 					ļ					ļ		ا پـّ		
													\$50,001 - \$100,000	Year		
							 _	ļ			ļ			₹		
						.,,.							\$1,000,001 - \$5,000,000 ×			
			1	i			ì	1	I .	i		ı 1	Over \$5,000,000			

This page may be copied if more space is required.

MAJS BANK SHARES	IT MORGANO STANLEY	Hickey MERORIAL Chapely	THEN PROPERTIES	J' South Division CREDIT	コスリンの古める	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	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 personal checking or savings 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 its pinity 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 an ownership interest in a privately-held business	provide only the name or the institution notining the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	BLOCK A Asset and/or Income Source Identity (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. 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-diverted, 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, the self-ine text.
*	*	*	**	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 \$25,000,001 - \$50,000,000 Over \$50,000,000		A B C D E F G H I J K L	BLOCK B Value of Asset Indicate value of asset at close of reporting year. It 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."
▼	*	Y PARTHECATO	×	*	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		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 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.
		× × ×		~	~		X	×	\$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 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000		Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments <i>or</i> that generate tax-deferred income (such as 401(k) plans or IRAs), 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.

SCHEDULE III - LIABILITIES

Name Donald E. Pelapain

Page S of S

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 sib-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

_						
						SP, DC, JT
				MARquette BANK	Example: First Bank of Wilmington, DE	Creditor
				May 2005	May 1998	Date Liability Incurred mo/year
				My 2005 Home Equity Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability
ľ						\$10,001— \$15,000
			_			\$15,001— \$50,000
						\$50,001— \$100,000
Į				X	X	\$100,001— \$250,000
						\$250,001— m \$500,000 m
						\$250,000 m stood of lability \$1,000,001 m stood of lability \$1,000,001 m stood of lability
		-				\$5,000,001— \$25,000,000 エ \$25,000,001—
						\$50,000,000
			:		<u> </u>	\$50,000,000

SCHEDULE IV - POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

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 a political party or campaign organization);

Position	Name of Organization
MAYOR_	C, ty of Blue Island
President	Hickey Memorial Chapely
PARTNER	Hickey Péloquisis & Hickey