Exemptions— 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.	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not a disclosed. Have you 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 QUI	If yes, complete and attach Schedule V. schedule attached for each "Yes" response	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?  Yes \( \subseteq \) No \( \subseteq \) Each question in this part must be answere	If yes, complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes   No   IX. emtity?	If yes, complete and attach Schedule III.	Did you, your spouse, or a dependent child receive "unearmed" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes W No Did you hold any reportable positions on or before the date of Mo Did you hold any reportable positions on or before the date of Mo Did you hold any reportable positions on or before the date of WIII. current calendar year?		Did any individual or organization make a donation to charity in lieu of paying  No Will. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200  I. or more from any source in the reporting period?  Yes Wo U  No U  Exempt)?	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Type ( 🗹 ) Annual (May ib) 🗎 Amendment 📋 Termination		Status House of Representatives District: 05	State: MD	(Full Name) (Daytime Telephone)	Steny H. Hoyer 202-225-3130	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT  For use by Members, officers, and employees.	UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 87	
, or liabilities of a spouse or dependent child e first consulted with the Committee on Ethics. Yes ☐ No ☑	ertain other "excepted trusts" need not be Yes 🔲 No 🗹	WER EACH OF THESE QUESTIONS	ttached for each "Yes" response.	tion in this part must be answered and the appropriate		y reportable agreement or arrangement with an outside  Yes ✓ No   ✓		y reportable positions on or before the date of filing in the Yes ☑ No ☐	te and attach Schedule VII.	ouse, or a dependent child receive any reportable travel or s for travel in the reporting period (worth more than \$350 Yes ☑ No ☐ e)?		ouse, or a dependent child receive any reportable gift in rhod (i.e., aggregating more than \$350 and not otherwise Yes ☐ No ✔		late.	11 11 11 11 11 11 11 11 11 11 11 11 11	be assessed against	Employing Office: A \$200 penalty shall	(Daytime Telephone) (Office Use Only)	DELIVERED	lembers, officers, and employees The OF THE CLERK		

## SCHEDULE I - EARNED INCOME

Name Steny H. Hoyer Page 2 of 6

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.

Maryland State Retirement Agency	Source
Legislative Pension	Туре
\$20,481.24	Amount

### SCHEDULE III - ASSETS AND "UNEARNED" INCOME 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 For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic 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 optional column on the far left. Savings Plan. in, or income derived from, a federal retirement program, including the Thrift \$5,000 or less in a personal checking or saving accounts; and any financial interest (unless there was rental income during the reporting period); any deposits totaling Exclude: Your personal residence, including second homes and vacation homes location in Block A. For rental or other real property held for investment, provide a complete address. reporting period. only the name of the institution holding the account and its value at the end of the reporting thresholds. For retirement accounts which are not self-directed, provide investments), provide the value for each asset held in the account that exceeds the Provide complete names of stocks and mutual funds (do not use ticker symbols.) value exceeding \$1,000 at the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production of income with a fair market "uneamed" income during the year. reportable asset or sources of income which generated more than \$200 in Asset and/or Income Source Union Digital Angel Corp Congressional Federal Credit Wilmington Gateway, LLC Telkonet **BLOCK A** \$1 - \$1,000 generated income, the \$50,000 \$15,001 -\$1 - \$1,000 \$50,000 \$15,001 value should be "None." market value, please At close of reporting year. included only because it is specify the method used method other than fair lf you use a valuation Value of Asset an asset was sold and is Year-End Name Steny H. Hoyer BLOCK B None None None Check all columns that apply For retirement accounts that during the reporting period. the asset generated no income as income. Check "None" if and capital gains, even if column. Dividends, interest, you may check the "None" generate tax-deferred income do not allow you to choose reinvested, must be disclosed (such as 401(k) plans or IRAs) specific investments or that NTEREST Type of Income BLOCK C NONE NONE or generated. NONE \$1 - \$200 disclosed as income. Check gains, even if reinvested, must be Dividends, interest, and capital income by checking the assets, indicate the category of For retirement accounts that do "None" if no income was earned appropriate box below. "None" column. For all other plans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxnot allow you to choose specific Amount of Income BLOCK D exceeding \$1,000 in exchanges (E) reporting year. sales (S), or Indicate if asset Transaction had purchases (P), BLOCK E Page 3 of 6

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by 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 reimbursed or paid directly by the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging (Y/N)	Food? (Y/N)	Was a Family ? Food? Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Aug. 7-15	Aug. 7-15 DC-Tel Aviv-DC	Υ	~	Υ	None

## SCHEDULE VIII - POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Name Steny H. Hoyer

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honorary nature; and positions listed on Schedule I.	·1.
Position	Name of Organization
Member	St. Mary's College Board of Trustees

### **SCHEDULE IX - AGREEMENTS**

Name Steny H. Hoyer

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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
01/03/78	State of Maryland	Pension annuity for service in Maryland State Senate (see