s No No	child because Yes	ssactions, or liabilities of a spouse or dependent with the Committee on Ethics.	ned" income, tran re first consulted t	y other assets, "unea er "yes" uniess you ha	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.
S N	closed. Have you Yes	d certain other "excepted trusts" need not be disclosed. Have you lild?	ittee on Ethics an	pproved by the Comn	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S No X	Yes		l Public Offering?	d as a part of an Initi	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
STIONS	F THESE QUES	INFORMATION — ANSWER EACH OF THESE QUESTIONS	TRUST INFOR	OR.	EXCLUSION OF SPOUSE, DEPENDENT,
ed and the "response.	must be answere ed for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No □	reportable Yes	V. 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 V.
Yes No		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		se, sell, seding Yes	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.
No No	or before the date Yes	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.	№	'unearned" Ild any the period? Yes	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.
No No	d receive any n the reporting Yes	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.	₹	to charity in in the Yes	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.
No Si	receive any regating more Yes	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	salaries or g period? Yes	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? If yes, complete and attach Schedule I.
		E QUESTIONS	H OF THESE	ANSWER EACH	PRELIMINARY INFORMATION — A
hall be assessed ho files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	ct 13 Amendment	Status Member of the U.S. State: Status House of Representatives District: Report Annual (May 15, 2013)
se Only Helian	CS. Re (Office Use Only) Harry				
2013 HAY IS PH 2:52	2013 MAY 18	Daytime Telephone:	Daytime		Name: Rodney Davis
RED MC	HAND R	Form A For use by Members, officers, and employees	TEMENT	SENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

_	
	Name
	Rodney
	y Davis
1	

Page ____of_

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.

-Author: minut bay (addit de transital addite of trastite bay); facial formation broglatis, and politica	a leceived diliter tile oocial decality Act.	Carry Core
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
tion	Spouse Salary	
	Spouse Salary	N/A
	pouse Elected Office	1,200.00
	Salary	_
U.S. Hause of Rea - Rea John Shinkus	Salary	6,808.10
	*	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Page

9

DC, 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. please refer to the instruction booklet. optional column on the far left. income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or For a detailed discussion of Schedule III requirements Savings Plan. ing \$5,000 or less in a personal checking or saving Exclude: Your personal residence, including second tion in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the not use ticker symbols. more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived income during the reporting period); any deposits totalnomes and vacation homes (unless there was rental ness, the nature of its activities, and its geographic loca-Provide complete names of stocks and mutual funds (do reportable asset or sources of income which generated Identify (a) each asset held for investment or production Mass Inv. Mass Inv Examples College Illinois 529 Tayorite Great Union, Tayorike Bank+ Trust , Kochester, McChalls Stock Asset and/or Income Source SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts **BLOCK A** | Yest | 1/4. Irus Mut. Fd Se-paid and is included only because it used. ➤ spouse or dependent child. fair market value, please specify the method Indicate value of asset at close of reporting year. If you use a valuation method other than None income, the value should be "None." This column is for assets held solely by your an asset was sold during the reporting year \$1 - \$1,000 W Indefinite O \$1,001 - \$15,000 ø \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Ħ \$100,001 **— \$25**0,060° BLOCK B Ø \$250,001 - \$500,000 ェ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 . `ـــ \$5,000,001 - \$25,000,000 generated ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000 allow you to choose specific invest-NONE vested, must be disclosed as income. Check "None" if the asset Deferred" column. Dividends, interretirement accounts that do not Check all columns that apply. For generated no income during IRAs), you may check the "Taxincome (such as 401(k) plans or ments or that generate tax-deferred est, and capital gains, even if reinreporting period. DIVIDENDS RENT Type of Income **INTEREST** BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** Name Kodhey TAX-DEFERRED Hoyalties Other Type of Income the (Specify: e.g., Partnership Income or Farm Income) None "None" column. For all other assets, indicate assets held solely by your spouse This column is for income generated no income was earned or generated be disclosed as income. Check "None" if and capital gains, even if reinvested, must appropriate box below. Dividends, interest, the category of income by checking the Deferred" in Block C, you may check the For assets for which you checked "Taxdependent child. \$1 - \$200 = \$201 - \$1,000 ₹. Amount of income \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 < BLOCK D \$5,001 - \$15,000 ≤ \$15,001 - \$50,000≦ ≦ \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\mathsf{x}}$ \$1,000,001 - \$5,000,000 × Over \$5,000,000 × ব ব ¥ Spouse/DC Income over \$1,000,000* S reporting \$1,000 in portion of (E) exceeding or exchanges purchases asset had ransaction (P), sales (S) Indicate if the for exam-(S) (partial) indicate as sold, please an asset is If only a BLOCK E See below follows: (partial) σ. О, п

ì

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

## Asset and/or Income Source Value of Asset Value	Continuation Sheet (if needed)						1 1/avi		
None >	BLOCK A Asset and/or Income Source	Y2	BLOCK B Bar-End		BLOCK C		BL Amount	OCK D of Income	BLOCK E Transaction
None			4	1		;			1
None ST - \$1,000 S1,001 - \$15,000 S1,001 - \$15,000 S25,001 - \$25,000 S25,001 - \$25,000 S25,000 S25,0	S.P.	ි හ ි ර ට	ភ 	, i		7	= = 7	VII VIII VX	×
None ST - \$1,000 S1,001 - \$15,000 S10,001 - \$15,000 S10,001 - \$10,000 S10,001 - \$25,000 S25,000,001 - \$50,000 S25,000,000 S25,000 - \$50,000 S25,000	DC,		00 ,000			e rship		0	
None 81-\$1,000 \$1,001-\$15 \$1,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,001-\$1 \$2,000,	JT	0,000	500,00 1, 00 0,0 \$5,000	,000		RED Incom Partne	0	000 0,000 000,000	0
		1 – \$15 31 – \$5	001 – \$ 001 – \$ 0,001 –	50,000 /DC Asse	REST	EFERI Type of fy: e.g.	\$1,000 - \$2,50	1 - \$50, 1 - \$100 01 - \$1,	5,000,00
Aptend IC Deflered Comp (alumb a Recorn towal Z Edelity Parithan Fund X X X X X X X X X X X X Allians Bende in 2035 Allians Roth IRA-coash Cincinned; Univ Life X X X X X X X X X X X X X		\$1°-\$ \$1,00 \$15,0	\$250, \$500, \$1,00	Over Spouse	RENT	TAX-D Other (Spec	\$1 - \$201 - \$1,001	\$15,00 \$50,00 \$100,0	Over \$
Columbia Accorn tund Z Fidelity Phritam Fund Invested Lot of Constant Lod Abbet 1 GCP Constant Alliana Bondain 7035 Alliana Bondain 7035 X Alliana Rod Life RA Austrash Cincinnati Univ Life X Fidelity Freedom 2035 X X X X X X X X X X X X X	Ic Deffeed					,	,		
Edelity Rusian Fund Investo Int I Growt TR Loddhot LGCP Love Stra Alliana Bond Ling Dass Alliana Roth INA-cash Cincinnati Univ Life X Fiddity Freedom 2035 X X X X X X X X X X X X X	ha Acorn Fu	X				X	X		,
Led Most LGCP Core Fra X Led Most LGCP Core Fra X Allianz Roth TRA-cash X Allianz Roth TRA-cash X Cincinnati Univ Life X Cincinnati Univ Life X Cincinnati Univ Life X Cincinnati Univ Life X Fide of TL Retirement Sys X Fide of TL Retirement Sys X Fide of TL Retirement Sys X	ity Puritan	X					X		
Allians Bondin 2035 Allians Roth IMA-cash Cincinnati Univ Life X Fiddity Freedom 2035 X X X X X X X X X X X X X	esc	×					X		
Allianz Rontin 2035 Allianz Roth IRA-cash Cincinnati Univ Life X Fidelity Freedom 2035 X X X X X X X X X X X X X		×	3.1		1 P		X		
Allians Roth IRA-cosh Cincinnati Univ Life X Fide: FIL Refirements; X X X X X X X X X X X X X X X X X X X	nd tin	×			3 . 2 .	X	\(\begin{align*} \begin{align*} \beg		
Allimot Rot IRA-cash Cincinnati Univ Life X Fiddity Fredom 2035 X X X X X X X X X X X X X	ted Life Rid. Aut.a	X				X	X		
Cincinnati Univ Life X Fidulity Freedoma035 X X X X X X X X X X X X X	Allianz Roth IRA-Cash	X		X			X .		
Cincinnati Univ Life Cincinnati Univ Life Cincinnati Univ Life X Fiddity Fredom 2035 X X X X X X X X X X X X X	Cincinnati U	X							
Cincinnati Univ Life X Cincinnati Univ Life X Cincinnati Univ Life X State FIL Retirement Sys X Fidulity Freedom 2035 X X X X X X X X X X X X X	Cincinnati Univ ci	X		*		,	X		
Chairmat: Univ Life Chairmat: Univ Life Fidulity Freedom 2035 X X X X X X X X X X X X X	- Cincinnati Univ L	X		×			X .		
Fidelity Freedom 2035 X X X X X X X X X X X X X	Circippati Univ	X		X			X		
Fidelity Fredom 2035 X	Cincinnati Uhiv	X		X			X		-
	State of IL	×		×			X		
	SP Fidulity Freedom 2035	X			-		X		
				. e				¥	
						,			
		X	3	* 4					

SCHEDULE V— LIABILITIES

Name Rudhey Vois

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

				7		SP, DC, JT	
				State Bank of Linuoln	Example: First Bank of Wilmington, DE	Creditor	
			2011	Sapt	May 1998	Date Liability Incurred Mo/Year	
			Taylorville, IL	Personal Residence	Mortgage on 123 Main St., Dover, DE	Type of Liability	
		*				\$10,001- \$15,000	
ļ			 		-	\$15,001- \$50,000 CD \$50,001-	
-			-	X	×	\$100,000 C	
				<u> </u>		I DECOVIDOD II.	^
	 		 	 	-	\$500,001 \$1,000,000	Amount of I jobility
	,					\$1,000,001- \$5,000,000	
						\$5,000,001- \$25,000,000	
			-	-		\$25,000,001- \$50,000,000	
				<u> </u>		Over \$50,000,000 C	
1	1 :	1]	1 .,	l'.	Over \$1,000,000*	

SCHEDULE VI— GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)

SCHEDULE VIII—POSITIONS

Name Page — of —

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
·	

SCHEDULE IX—AGREEMENTS

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.

7		1993-10	Date	
	€ urrant Value \$ 3027.18	97 Stude Employees Redirement SystemIL	Parties To	
	Eurrant Value \$3027.18	Thative Munber - 36.50 worths	Terms of Agreement	