8 ×	Yes 🔲	pendent child	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.	arned" income ss you have fire	other assets, "une answer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	N-Have you exclud meet all three tests	EXEMPTION because they
No	Yes 🔲	ot be	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?	nittee on Ethica	roved by the Comr such a trust benefi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exidisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depender	etails regarding "Qu we you excluded fro	TRUSTS-D disclosed. Ha
S	QUESTION)F THESE	NATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	IT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	ON OF SPOU	EXCLUSI
	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response	and the	part must be answered	on in this part mu	Each question in this	
N N	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>8</u>	Yes X	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.	our spouse, or a depen tore than \$10,000) duri te and attach Schedu	III. Did you, yo able liability (m If yes, comple
Š	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No	od? Yes X	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.	ur spouse, or a dependent than \$200 in the report than \$1, set worth more than \$1, set and attach Scheduste and attach Scheduste set worth more than \$1, set worth more than \$	II. Did you, you income of more reportable assorting if yes, comple
No	Yes	efore the date r two years?	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.	No U	or Yes X	 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, complete and attach Schedule I. 	our spouse have "earn or more from any source te and attach Schedu	t. Did you or yo fees) of \$200 c
			ANSWER EACH OF THESE QUESTIONS	OF THESI	WER EACH	I 🖁	PRELIMINARY INFORMATION	PRELIMIN
	o uays late.	more man so days late			Employing Office:	Empk	employee	
assessed who files	_ 0	A \$200 pen against any	Date of Check if Election: August 14,2012 Amendment	Date of Election:	CT 5th	the resentatives	X Candidate for the House of Repres	Filer Status
\ 	(Office Use Only)	6						
TIVES A	OFFICE OF THE CLISH U.S. HOUSE OF REPRESENTATIVES	OFFICE	Daytime Telephone:	Daytime		Roberti	Daniel F. Ro	Name: D
01 ~	2012 AUG 13 PM 5: 01	2012 AUG				:		
	LEGISI ATIYE RESOURCE CENTUS	TESISI MIMI	FORM B For use by candidates and new employees	7.	15,2011	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - August 15, 201	FINANCIAL DISCLOSURE ST Period covered: January 1, 2010	FINANCIA Period cov
	TAND!) 1 _						

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Daniel Ή. Roberti

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) 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.

Course district the beautiful to be becaused	1	Amount	unt
Cource (literatus date of receipt of Horiotatia)) Apo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Dan Klores Communications, New York, NY	Salary	\$ 18,269	\$ 45,769
Dan Klores Communications, New York, NY	Consulting Fees	\$ 6,000	0
Dan Klores Communications, New York, NY	Commission	\$ 1,800	-0

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Daniel	Roberti business	MDV, LLC	Roberti realest	Roberti governme	Daniel F. Greenwich		Examples:		Exclude: Your persona homes and vacation homes and vacation homes and vacation homes and vacation in \$5,000 or less in accounts; and any finderived from, a federal the Thrift Savings Plan. If you so choose, you income source is that o ent child (DC) or is joint the optional column on For a detailed discussive please refer to the instru	For an ownership in that is not publicly that is not publicly ness, the nature concation in Block A.	For rental or other real proprovide a complete address.	Asset and/or II dentity (a) each asset held in dentity (a) each asset held in dentity (a) each asset held in come with a tair market the end of the reporting in reportable asset or sources more than \$200 in "unearne to (ato not use ticker symbole). For all IRAs and other retire plans) that are self-directed have the power, even if not account that exceed cific investments), provide the the power account that accounts we provide only the name of account and its value at the
F. Ro	S T	LLC	Stat	a C	je i		<u> </u>	S.	pers cation the re less less any fed gs Pl is th is th is th is th in the in	८० ट्रेड २०५५		and hass a tair or s or
berti Trust	Roberti Associates Inc. business consulting, NY, NY	consulting, NY, NY	Roberti Family LLC realestate development, Kent Cl	Roberti Associates Global LLC government relations, Kent, Cl	Roberti/ Trust	1st Bank of Paducah, KY accounts	Simon & Schuster	Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was remail 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 apouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the tar left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	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.	For rental or other real property held for investment, provide a complete address.	Asset and/or Income Source lderfity (a) each asset held for investment or production of income with a tair 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 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-directed (i.e., plans in which you have the power, even if not exercised, 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, provide only the name of the institution holding the account and its value at the end of the reporting period.
					<u> </u>				None			
	<u> </u>						_		\$1 - \$1,000	<u></u>		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."
			×		 		Indefinite	-	\$1,001 - \$15,000			et use od use och ting because the second use och use
-					.11 .2		3	X	\$15,001 - \$50,000 \$50,001 - \$100,000			BLOCK B Value of Asset value of asset at ting year. If you u n method other th value, please spe used. set was sold during year and is include ause it generated the value should
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	 			×	1 3	ere.	<u> </u>	, ;	\$250,001 - \$500,000	` · · · · ·		BLOCK B Je of As Je of A
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		<u> </u>					20.00	-	\$1,000,001 - \$5,000,000			set tate
7			1 1	4 (. (1. 0) . (2. a)		4 (4) 5 (1)		\$5,660(00) - \$65,060(600)	4.7	7	Se clo
									\$25,000,001 - \$50,000,000			^ {
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×	×		×					X	NONE			Tage Filippe Becc
	<u> </u>					Ĺ.,	_	Ш	DIVIDENDS			Check retirem allow y mellow y mellow y mellow y mellow y mellow a deferre plans control of the rein as included asset g asset g asset g
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					<u> </u>	·			INTEREST			Type Type Type
					 -	-	_		CAPITAL GAINS			Type of Inc. Type of Inc. Check all columns the retirement accounts allow you to choose spendeferred income (succeived from the reporting period.
- *					<u> </u>		-		EXCEPTED/BLIND TRUST TAX-DEFERRED			eck
		Partnershi		Parthersh income			Royalties		Other Type of Income (Specify: e.g., Partnership Income or Fa	arm income)	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 "fax-Deferred" 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.
×	×	'O'	×	9					None			
			ļ	ļ	<u> </u>	 			\$1 - \$200	=	1	
	<u> </u>	<u> </u>	<u> </u>	—	<u> </u>	1	<u>.</u>		\$291 - \$1,000	===	၂ ဂ	, [
	<u> </u>	ļ	ļ	 -		(a 2 m	1	×	\$1,001 - \$2,500	₹	Current Year	ing app
	<u> </u>	×		_	 	×	×		\$2,504 - \$5,000		∮ <u>₫</u>	BLOCK D Amount of Income 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, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
	— —	1	 	 		\vdash	<u> </u>	Н	\$5,001 - \$15,000 \$15,001 - \$50,000		15	e w
	├	 	 	 	 	k .		H	\$50,001 - \$100,000	VI VII VIII 🖹	1 §	tate as
	 		 	×		<u> </u>			\$100,001 - \$1,000,000	<u>=</u>	1 =	ear ear
		$\vdash \vdash$				السحد ته		* 1 Ja - 1.	\$1,000,001 \$5,000,000	×	ĺ	BLOCK D Amount of Income for which you checked "Tax- 1 Block C, you may check the mn. For all other assets, indicate ry of income by checking the box below. Dividends, interest, gains, even if reinvested, must id as income. Check "None" if no earned or generated.
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×	×	1	×	×					None		Γ	BLOCK D Int of In which yo k C, you or all othe income elow. Div , even if ncome. (d or gene
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			_						\$1,001 - \$2,500	₹	Preceding Year	you checked "Tax- you checked "Tax- you may check the you may checking the other assets, indicate ne by checking the Dividends, interest, n if reinvested, must ne. Check "None" if no penerated.
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Daniel F. Roberti

Page 4

Continuation Sheet (if needed)

- 1	 · · · ·									
								SP, JT, DC		•
						Film and Entertainment, NY,NY	Palisades Media Corp.		Asset and/or Income Source	BLOCK A
							Х	None > \$1 - \$1,000 ₪ \$1,001 - \$15,000 □ \$15,001 - \$50,000 □ \$50,001 - \$100,000 Ⅲ \$100,001 - \$250,000 □ \$250,001 - \$500,000 □	Value of Asset	вгоск в
							X	\$500,001 - \$1,000,000	Asset	В
								DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	Type of Income	вгоск с
							×	Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None – \$1 - \$200 =	7e	
- 141-1								\$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$15,001 - \$50,000 \(\equiv \) \$50,001 - \$100,000 \(\equiv \) \$100,001 - \$1,000,000 \(\equiv \) \$1,000,001 - \$5,000,000 \(\equiv \) Over \$5,000,000 \(\equiv \)	Amount	9T6
							X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦	Amount of Income	BLOCK D
								\$50,001 - \$100,000 \(\leq\) \$100,001 - \$1,000,000 \(\times\) \$1,000,001 - \$5,000,000 \(\times\) Over \$5,000,000 \(\times\)		

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SCHEDULE III - LIABILITIES

Name Daniel F. Roberti Page5__of6

ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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	Exam	Ed	Ва		
Creditor	Example: First Bank of Wilmington, DE	Ed. Financial	Bank of America		
Date Liability Incurred mo/year	May 1998	9/2005	8/2011		
Type of Liability	Mortgage on 123 Main Street, Dover, DE	Student loan	8/2011 Revolving charge account		
\$10,001 \$15,000		×	,	, ;	
\$15,001— \$50,000			×		
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\$25,600,001 \$50,000,000					
Over \$50,000,000					

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and nositions solely of an honorary nature

and positions solely of all floridial y flatters.	iduie.
Position	Name of Organization
None	

SCHEDULE V - AGREEMENTS

Name	
Daniel	
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Roberti	

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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
5-15-2011	Dan Klores Communications, New York, NY	Continuation of medical benefits via COBRA

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	

GPO: 2012

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