§ ⊠	Yes	child because	sactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	* income, trans st consulted w	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.
₹	Yes	closød. Have you	d certain other "excepted trusts" need not be disclosød. Have you	on Ethics and dependent chik	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?
S	NOITSAUC	FTHESE G	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the ynse.	swered and "Yes" response	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable (iability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
×	Yes	arrarigement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
₹ <u>×</u>		or before the date	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.	§	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.
Š	Yes Yes	n the reporting	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 VIII.	₹	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.
区	Yes	regating more	V1. 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 V1.	ON ON	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
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penu against anyo 30 days late.	or Employing Office: Be Termination Date:	Officer or Employee	Filer X Member of the U.S. State: X C Status House of Representatives District: 2 Report (X) Annual (May 15, 2012) Amendment
7 5: 07 CLERK SENTATIVES	2012 MAY 15 PH 5: 07 OFFICE OF THE CLERK U.S. POUSE OF REPRESENTATIVES COffice Use Only)	MC u.s. F.	Daytime Telephone: קוט 89 ץ- יבצב	Daytime T	Name: Renée Ellmers
A A A A A A A A A A A A A A A A A A A	TANU UEL WAKEU		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name
Renée
Ellmes
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Page 2 of 6

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), tederal retirement programs, and benefits received under the Social Security Act.

- Desire and the second		
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Brent R. Ellmers, MD DA Medical Practice Dunn, NC	Spouse Income	NV
	·	

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Brent	Vangaard Target Retirement	Varyager Parget Retirement 2025 FD	H	begundlen like Ins Co.	Option: Income Artfolic		Examples:	SP Mega Corp. Stock	For rental 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, 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 a personal checking or saving \$5,000 or less in a personal checking or saving 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 is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schadule III requirements, please refer to the instruction booklet.	ment 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.	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 accords the recording thresholds. For retire-	Provide complete names of stocks and mutual funds (do	the end of the reporting period, and (b) any other reportable asset or sources of income which generated the wear.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Asset and/or income Source	BLOCK A
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SCOrp					>=		Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	(such as 40 (k) plans of invs), you may check the "lax-Deferred" column. Dividends, interest, and capital		Check all columns that apply. For retirement accounts that do not allow		
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			L			Ţ	I		\$1 – \$200	=	income, Check "None" if no income was samed or generated.	the appropriate tox certwit. Preventus, interest, and capital gains, even if reinvested, must be disclosed as	None" column. For all other assets, indicate the category of income by checking	For assets for which you checked "Tax- Deferred" in Block C, you may check the		
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					P (Artis)			S (partial)	an assex is and, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of	уваг.	\$1,000 in reporting	(P), sales (S), or exchanges	asset had purchases	indicate if the	BLOCK E

SCHEDULE IV-- TRANSACTIONS

													JT Vanguard Azerbased moderate option 529 pten	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that	SCHEDULE IV- TRANSACTIONS
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

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.

					Was a Family	
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Member Included? (Y/N)	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	Y	Υ	2 Days
ALEF.	Aus, 1521	Aug. 154 Roleigh-Tel-Avis-Roleigh	9	ソ	4	NONE
MS Association of towners	Bas 14-21	Bas 14-21 DC- Istant 1- DC	7	1	7	None
	Jaw. 19-21	JAM. 19-21 DC- Bellimone - DC	7	2	4	Nove
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