EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS 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? III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III. 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. II. Did you, your spouse, or a dependent child receive "unearmed" 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. in all sections, please type or print clearly in blue or black ink. **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. Period covered: January 1, 26 6-FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: Statu DANIE Each question in this part must be answered and the appropriate schedule attached for each "Yes" response House of Representatives New officer or Candidate for the employee vec State: MIChigan Employing Office: \_ 102 **§** ∑ Yes X § ∑ Daytime Telephone **Z** 8 8 Date of Election: For use by candidates and new employees VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? V. Did you have any reportable agreement or arrangement with an outside entity? If yea, complete and attach Schedule V. 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 yee, complete and attach Schedule IV. If yes, complete and attach Schedule VI NOU 6, 2012 FORM B Ament Check if HAND DELIVERED against any individual A \$200 penalty shall be assessed more than 30 days late U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2012 DEC 11 PM 4: 59 (Office Use Only) Yes **%** 8 ¥e**s** Page 1 of S who files <u>₹</u> **₹** ₹ |<u>X</u> ₹ |<u>\</u> 중

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Dayie Kildee Page 2 of S

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.

Source (include date of receipt for honoraria)	Туре	Amount Current Year to Filing	unt Preceding Year
Examples: First Bank & Trust, Houston, TX  XYZ Trade Association, Chicago, IL (Rec'd December 2)	Director's Fee Honorarium	\$400 0	\$3,200 \$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Conter Par Land Reform, Inc. Flint, MI	Salary	187,030	170, 100
Center For land Reform Inc. Fligt, MI housing allowance	housing allowance	36.00	33 000
Generic Gunty Plint Mich	pension	52, 195,92	50, 675
Harleguin Enterprises, NY, NY	Spouse theone	て、戸	<b>ス/≯</b>
Herald Publishings Suracuse NY	Jank Income	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name David T. Kilder Page 3 or S

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55.	Tradex Fund A	JP Morgan Mid capfurd	Fidelity Contrafund		Sp Fidelity Torget Retirement	1st Benk of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock		Asset and/or income Source dentity (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 IFAs and other retirement plane (such as 401(k) plane) that are self-directed (i.e., plane in which you have the power, even if not axercised, 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 histington holding the
				<u> </u>			L		None >	
			<u> </u>	<del> </del>	<del>                                     </del>	1	<u>_</u>		\$1 - \$1,000	indicate of report valuation market method from as reports only be income."
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<u>×</u>			7	+	$\forall$	┢	Indefinite	×	\$50,001 - \$50,000 m	Value of Asset indicate value of asset at of reporting year. If you u valuation method other the market value, please spemethod used.  If an asset was sold during reporting year and is incitionally because it generated income, the value should "None."
	<b></b>	ļ		<del> </del>	<del>  ~</del>	×	-	H	\$100,001 - \$250,000	BLOCK B ue of ass a of ass year. If y ethod oth b, please d. vas sold: ar and is e it gene value sh
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						1			\$500,001 ~ \$1,000,000	The siring the six of
									\$1,000,001 - \$5,000,000 -	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."
							_		\$5,000,001 ~ \$25,000,000	\$ 6 4 5 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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			T				-		TAX-DEFERRED	
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the lax-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.
	ļ	<u> </u>	—	<b>_</b>	<b> </b>	▙	┡	Ш	None -	
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		<del>                                     </del>	+	+	1	╁	٢	$\vdash$	\$15,001 - \$50,000 \(\leq\)	Amount of Income  Amount of Income  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.
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						ŀ			\$50,001 - \$100,000 <u>\$</u> \$100,001 - \$1,000,000 <del>\$</del> \$1,000,001 - \$5,000,000 <b>\$</b>	

## SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Asset and/or Income   BLOCK	SCHEDULE II — ASSETS AND "UNEARNED" INCOME	D "UNEARNED" INCOM		Name Daviel T. Kildee
None	BLOCK A	вгоск в	вгоск с	
None   >	Asset and/or Income Source	Value of Asset	Type of Income	Amount of
None	S, P,	の の 面 エ - -		Current Year
in America  Justable Life Ins Al  Text To lica  Text Bond Find  Yeld Bond Find	DC .	\$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	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income	\$1 - \$200 = \$201 - \$1,000 \(\frac{\pi}{\pi}\) \$1,001 - \$2,500 \(\frac{\pi}{\pi}\) \$2,501 - \$5,000 \(\frac{\pi}{\pi}\) \$5,001 - \$15,000 \(\frac{\pi}{\pi}\) \$15,001 - \$50,000 \(\frac{\pi}{\pi}\) \$50,001 - \$100,000 \(\frac{\pi}{\pi}\) \$100,001 - \$1,000,000 \(\frac{\pi}{\pi}\) \$1,000,001 - \$5,000,000 \(\frac{\pi}{\pi}\) Over \$5,000,000 \(\frac{\pi}{\pi}\)
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	Transamerica High	7-		

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#### SCHEDULE III — LIABILITIES

Name Dayle T. Kildee

Page S of S

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. 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-

		37		JT DC,	Ĭ
		Mastercard	Example: First Bank of Wilmington, DE	Creditor	
		(2/10	May 1998	Date Liability Incurred mo/year	
		ovedit card	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001 \$15,000	1
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			lacksquare	\$25,000,000 <b>*</b> \$25,000,001— \$50,000,000	
				Over \$50,000,000	

#### SCHEDULE IV - POSITIONS

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 officer, 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.

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 positions solely of an nonorary nature.	nature.
Position	Name of Organization
Director 10 fficer	Director 10 fficer Center for Land Reform, d/b/a, center for Community Progress
7	