UNITED STATES HOUSE OF REPRESENTATIVES  CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT  For use by Members, officers, and employees	Page 1 of 1
21	2012 DEC 20 PM 1: 35
Name: White Bours Diggs Daytime Telephone: U.S.	U.S. HOUSE OF REPAREST NTATIVES ####################################
Member of the LLS State:	(Clinde use City)
Status House of Representatives District: Concer or Employee MANDINATUL AULUD A  Report Annual (May 15, 2012) Amendment Type Annual (May 15, 2012) Amendment Type Annual (May 15, 2012) Amendment	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	
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.  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.	sceive any gating more Yes No
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.  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.	eceive any he reporting Yes No
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?  Yes No XIII. 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.	before the date  Yes No  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.	rangement with  Yes No No
Id have any reportable  Yes No Mappropriate  Rach ques  appropriate	tion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF T	NSWER 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 dependent child?	osed. Have you Yes No
<b>EXEMPTION</b> —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.	ild because Yes No No

	Name
	Irma (
	12
	an
	ma De
4	B
٦	ひ
1	71

## 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.

Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
N A	NIA	N/4
	-	

Name LAMIC Espaina Diggs
Page of _

# SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

TOPO TO THE THE TIES TO THE TOPO TO THE TO			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	\$2,000
	N)R	N/A	2/4
	1		-

	[עי	J [	ca l			<b></b>		
P 2141 P Street #804, NR	SP 1457 Ridge Place, SE	DC, Examples: Simon & Schuster  JT 1st Bank of Paducah, KY Accounts	SP, Mega Corp. Stock	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 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 tar left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts writch are not seir-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	not use ticker symbols.)  Tor all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have 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 retire-	Identify (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.	BLOCK A  Asset and/or Income Source
×		Indefinite X	X	None \$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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	P BB C D M TT G TT	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	BLOCK B  Value of Asset
×	**	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)	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.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column.	BLOCK C  Type of Income
	× ×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	1	reinvested, must be disclosed as Income. Check "None" if no income was earned or generated.	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	BLOCK D  Amount of Income
			S (partial)	follows: (S) (partial) See below for example.  P, S, E	portion of an asset is sold, please indicate as	reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Asset and/or Income Source

4

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,00<u>1 - \$50,000</u>

\$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

**EXCEPTED/BLIND TRUST** 

Over \$50,000,000

NONE DIVIDENDS RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500 \$2,501 - \$5,000

\$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income (Specify: e.g., Partnership Income or Farm income)

S

SP,

σ

C

O

m

ถ I

ے

ᄌ

Value of Asset

Type of Income

Amount of Income

Transaction BLOCK E

=

<

 $\bar{\mathsf{x}}$ 

×

≚

சு ஷ ா

Year-End вгоск в

Name (has a part of logge

BLOCK C BLOCK D

긐
Ø
page
may
<del>p</del> e
be copied i
more
f more space is
ī,
required.

## SCHEDULE IV— TRANSACTIONS

	or exchange transactions by you, your spous he reporting period of any security or real pro lat exceeded \$1,000. Include transactions the ovide a brief description of any exchange transported transactions.	or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange trans-	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 resulted in a capital loss. Provide a brief description of any exchange trans-	of Tr	or exchange transactions by you, your spouse, he reporting period of any security or real propat exceeded \$1,000. Include transactions that roylde a brief description of any exchange trans-	ital	ital 2000	Date	Date	Date	Date Amo	Date Amount	Date Amount of Tra	Date Amount of Transa	Date Amount of Transaction
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	--------------	------	------	------	----------	-------------	--------------------	-----------------------	----------------------------

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	Type of Transaction	ă	Date			۸mo	unt o	Amount of Transaction	ınsa	ction	_	
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- ates rental income. If only a portion of an asset is sold, please so indi- cate (I.e., "partial sale"). See example below.	CHASE	Box if Capital xceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or	, >		00	00	90 111	001-	001-	),000 ),001-	
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.	SALE	Check	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000 \$50,001	\$100,00	\$250,00 \$250,00	\$500,00 \$500,00	\$1,000,0 \$1,000,0	\$5,000,0 \$5,000,0	\$25,000 \$25,000	\$50,000 Over \$50,000
SP, DC, JT Asset												
Example: Mega Corpo	X		101211		×						H	
NIR												
												l
												1
				<b>.</b>								
											ļ	

This page may be copied if more space is required.

### SCHEDULE V— LIABILITIES

Name Irma Expara Drais Pa

business in which you own an interest (unless you 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 close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report 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. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

					``	
			ムイ		SP, DC, JT	
			AND MAR WIMM 39	Example: First Bank of Wilmington, DE	Creditor	
			100U	May 1998	Liability incurred Mo/Year	Date
			2006 Credit for windows But Hamily	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			X		\$10,001- \$15,000	
			×		\$15,001- \$50,000	<u>'</u>
					\$50,001- \$100,000	<u> </u>
				×	\$100,001- \$250,000 \$250,001-	Amou
					\$500,000 T	1 m 9
					\$1,000,000	┦┋┃
					\$5,000,000	11
					\$25,000,000 <b>**</b> \$25,000,001	
	<b></b>				\$50,000,000 Over \$50,000,000	
Щ_		L	1		<b>\$30,000,000</b>	

#### SCHEDULE VI — GIFTS

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. 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.

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
ZX	NA	NA
		Į

	Name (
	rha
•	$\mathcal{U}_{\perp}$
	para
_	Digo
4	45

#### Page of

## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

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 paid directly by the sponsor 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

spouse or dependent child that is totally independent of his or her relationship to you. or were paid by you and reimbursed by the sponsor. **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

Source Date(s)  Chicago Chamber of Commerce Mar. 2  Roycroft Corporation N A  Aug. 6–11					
Chicago Chamber of Commerce  Roycroft Corporation  Aug. 6–11  Alg. 6–11	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Roycroft Corporation  Aug. 6-11  A  A  A  A  A  A  A  A  A  A  A	DC—Chicago—DC	z	z	Z	None
NA	DC-	Υ	Y	~	2 Days
	NIA	NIA	NA	NIA	NA
		1			-
			·		
					-

•
)
_
1
J
=
П
٠,
=
-
J
כ כ
ב מ
מכוני
フ つ つ つ
コンカード
コンカーコン
プライラファ
プライラス

Name ITMA EXPANA DIGAP

Page of A

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,

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

money, and positions occurs or an incitionary instance.	
Position	Name of Organization
2 7	N A

### 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.

Date	Parties To	Terms of Agreement
N A	NIA	N/A