PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS 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? V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding If yes, complete and attach Schedule III. If yes, complete and attach Schedule II. 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. Name: William **CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES If yes, complete and attach Schedule V. If yes, complete and attach Schedule IV. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the III. Did you, your spouse, or a dependent child receive "unearned" reporting period? Report Type Status Filer Annual (May 15, 2013) House of Representatives Member of the U.S. District: State: Michigan ANSWER EACH OF THESE QUESTIONS Amendment Yes Yes Yes Yes Yes | Daytime Telephone **Z** ₹ |X ₹ |X **₹** <u>₹</u> Officer or Employee reportable travel or reimbursements for travel in the reporting an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII. reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. IX. Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VII. period (worth more than \$350 from one source)? VII. Did you, your spouse, or a dependent child receive any For use by Members, officers, and employees VIII. Did you hold any reportable positions on or before the date VI. Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response Employing Office Each question in this part must be answered and the Termination Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. TELEGRAPH SALLT TO THE (Office Use Only) 2013 JUL 15 Pil 4: 02 ég X Yes Yes Yes DELIVERED **ĕ** X <u>N</u> <u>₹</u> ₹ |X

they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics

excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because

Yes

š X Yes

<u>₹</u>

Yes

₹ |<u>X</u>

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you

SPAllianz Franscal Growth - IRA	10-1	Chase - Gentles Conp	اله	\$ Ji Hundington Society		Examples:	SP. SP Mega Corp. Stock	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 far left. For a detailed discussion of Schedule III 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 or a description, e.g., "rental property," and a city and state.			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 "unearmed" income during the year.	Asset and/or Income Source	BLOCK A	
X			X		×	Indefinite	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H		* This column is for assets held solely by your spouse or dependent child.	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.	Value of Asset	BLOCK B	
					×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)	apor mig pairox.		gair Dic	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or	come	BLOCK C	
					×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	* This column is for income generated by assets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	For assets for which you checked "lax- 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 ,	Amount of Income	BLOCK D	·
							S (partial)	ollows: (S) (partial) See below for exam- ple. P, S,	an asset is sold, please indicate as	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Willipier P Huiterion

Page 3 of S

						Ŷ,	Sp	SP, DC,	7
Small Gop would Find	- See Attached	Lakening LLC - 33%		- Viold Enhanced STIF	ylon - Tolk	Pimo Total Return A- IAA	18. Morgan Consist of Inchieve		BLOCK A Asset and/or Income Source
XX		X	X			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 \$1,000,001 - \$5,000,000 \$00,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	BLOCK B Year-End Value of Asset
		In struct By	Sc.: 92					NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
			X X					None	BLOCK D Amount of Income
				·				m, v, m	BLOCK E Transaction

SCHEDULE V— LIABILITIES

Name Will rain P Huizener Page 4

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. "This column is for liabilities held solely by your spouse or dependent child. during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 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

				0		DC,	
			4	Floostur Bank	Example: First Bank of Wilmington, DE	Creditor	
				June Desis	May 1998	Date Llability Incurred Mo/Year	
			L	Mortouce	Mortgage on 123 Main St., Dover, DE	Type of Liability	
						\$10,001- \$15,000	1
						\$15,001- \$50,000	
						\$50,001- \$100,000	
_				X	×	\$100,001- \$250,000	Δ,
					<u> </u>	\$250,001- \$500,000 m	Amount of I lability
				ļ		\$500,001- \$1,000,000	2
				ļ		\$1,000,001- \$5,000,000 G	
<u></u>		<u> </u>			<u> </u>	\$5,000,001- \$25,000,000 ±	,
						\$25,000,001- \$50,000,000	
<u></u>	ļ	<u> </u>				Over \$50,000,000 Spouse/DC Liability	
						Over \$1,000,000*	

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

SCHEDULE VIII—POSITIONS

Name Willion P Huisonga

Page S of S

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-

tions), and positions solely of all hollorary flatare.	ional) harme.
Position	Name of Organization
Sept from	Huizense Goove Company Inc.
Member / Partner	Riverbord U.C
Mambar Punties	lakeside LLC

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

			Date	
			Parties To	
			Terms of Agreement	

5102, EI Viut

Legislative Resource Center Room B106 Cannon House Office Building Washington DC 20515

RE: William Huizenga
US House of Representatives
Financial Disclosure - Supplementary Information

Schedule III - Underlying Assets

Huizenga Gravel Company Inc. – William is a 50% owner of this corporation. The corporation is located at 10075 Gordon Street, Zeeland MI 49464
Principle business purpose is gravel mining operations

Riverbend LLC – William is 50% owner of this entity. The entity is located at 441 William Court, Zeeland MI 49464
Principle business purpose is rental real estate

Lakeridge LLC - William is 33% owner of this entity. This entity is located at 441 William Court,

Zeeland MI 49464

Principle business purpose is investment real estate