₹   <u>X</u>	because Yes	sactions, or liabilities of a spouse or dependent chilc with the Committee on Ethics.	d" income, trans irst consulted w	<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.
₹   <u>X</u>	ed. Have you Yes	d certain other "excepted trusts" need not be disclosed.	e on Ethics and dependent chil	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?
<b>₹</b>	Yes		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
S	THESE QUESTIO	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the ponse.	st be answered ar for each "Yes" res	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	å	V. 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 V.
<u>₹</u>	ngement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<b>₹</b>	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.
8	sfore the date Yes	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.	Š	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.
\_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	eive any ereporting Yes	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.	<b>§</b>	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.
⊠	eive any Iting more Yes	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.	No Mo	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.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
s more than		Termination Date:	Епроуее	Annual (May 15, 2013)
e assessed	\$200 penalty shall be assessed	r Employing Office:	Officer or	
, M.	(Office Use Only)			
TWE J	U.S. RODEE 67 NET NECLARATIVE	Daytime Telephone:	Daytime T	Name: Fuith M. Ellison
27	2013 MAY -7 PM 2: 27			
	LEGICLATIVE RESOURCE CENTE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
153.4				

BLOCK C

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other used. fair market value, p Indicate value of as year. If you use a va

Asset and/or Income Source

**BLOCK A** 

**BLOCK B** 

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

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. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.

spouse or dependent child

tion in Block A. that is not publicly traded, state the name of the business, the nature of its activities, and its geographic loca For an ownership interest in a privately-held business

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an asset is

indicate as sold, please

for exam-See below (S) (partial follows:

Exclude: Your personal residence, including second

ing \$5,000 or less in a personal checking or saving Savings Plan. accounts; and any financial interest in, or income derived income during the reporting period); any deposits totalhomes and vacation homes (unless there was renta rom, a federal retirement program, including the Thrift 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.

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements

None

1 - 1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

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

Over \$5,000,000

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

Spouse/DC Income over \$1,000,000

m Ø Jo

**DIVIDENDS** RENT

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

**EXCEPTED/BLIND TRUST** 

(Specify: e.g., Partnership Income or Farm Income)

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

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Spouse/DC Asset over \$1,000,000

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

×

Royalties

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(partial)

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1st Bank of Paducah, KY Accounts

SP

Part of

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with

Dividend & Growth

to the

Balance

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Made Imms frother

Huttond

Mid Cap Value

WHILL

Inflation Plus

Value of Asset	Type of Income
e of asset at close of reporting	e of asset at close of reporting Check all columns that apply. For
se a valuation method other than	se a valuation method other than retirement accounts that do not
alue, please specify the method	alue, please specify the method allow you to choose specific invest-
	ments or that generate tax-deferred
	income (such as 401(k) plans or

and is included only because it generated income, the value should be "None." This column is for assets held solely by your an asset was sold during the reporting year IIRAs), you may check the "Tax-nd is included only because it generated Deferred" column. Dividends, interincome. Check "None" if the asset generated no income during vested, must be disclosed as est, and capital gains, even if reineporting period \_ ∯e

For assets ≥ BLOCK

no income w be disclose and capital appropriate the category "None" colun Deferred" in

assets held solely dependent child. for income generated ā your spouse 중 중

\* This column is

as earned or generated.	d as income. Check "None" if	gains, even if reinvested, must	box below. Dividends, interest,	y of income by checking the	nn. For all other assets, indicate	Block C, you may check the	for which you checked "Tax-	mount of Income
year.	reporti	\$1,000	(E) exc	or exc	(P), sa	purcha	asset	Transı

generated.	e. Check "None" if	f reinvested, must	ividends, interest,	by cnecking tine	ner assets, indicate	ou may check me	Ou created lax-	on shooked "Tay	Income	0	
year.	reporting	\$1,000 in	(E) exceedin(	or exchanges	(P), sales (S)	purchases	asset had	Indicate if the	Transaction	BLOCK E	

Š
additional
assets and
unearned
income, use
se next page
•

## SCHEDULE V— LIABILITIES

ame Frith M. Ellison

Page 3\_of\_E

close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child. 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 during the year. 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

				JT SP	
City & County Credit I Inlan	Citymortyage Survices	Chymortgage Inc.	Example: First Bank of Wilmington, DE	Creditor	
		Jar 2011	May 1998	Liability Incurred Mo/Year	
Second Home 2nd Mortgage	Sound Home Mortage	Homestuad Mortgage	Mortgage on 123 Main St., Dover, DE	Type of Liability	
	-			\$10,001- \$15,000 >	
×	•		┢	\$50,000 <b>0</b>	
	X	×	×	\$100,000 °7 \$100,001- \$250,000 °	
 <del>                                     </del>			1	\$250,001- \$500,000 m	Amou
				\$500,001- \$1,000,000	nt of L
				\$1,000,001- \$5,000,000 ຄ	Amount of Liability
				\$5,000,001- \$25,000,000 <b>x</b>	
+	+				
	ļ			\$25,000,001- \$50,000,000 —	

### SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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 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.

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

Name Trith
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Ellinan

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	~	2 Days
Progressive Congress. ora	Jan. 18-20	DC- Bultimore, No - OC	ィ	~	Z	てらん
ABC NOWS	Pu.1-2	MI- NYC	~	Z	Z	Tore
	:					