<u>S</u>	child because Yes	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" Income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I
No 2	Yes	d certain other "excepted trusts" need not be disi	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?
S	SWER EACH OF THESE QUESTIONS	- AN	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part rappropriate schedule attache	S _N	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.
S S	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	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.
₹	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.
<u>₹</u>	d receive any n the reporting 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.	§	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.
No CZ	regating 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.	o No	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 THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
iore man	30 days late.	Termination Termination Date:		Report Annual (May 15, 2012) Amendment
assessed	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	Status House of Representatives District:
MIKINES	10.3.11 Office Use Only)	Dayume rerepnone:	Dayume	Name: ////////////////////////////////////
12: 40	2013 HAR - 1 PH 12: 40			Name: TIR LAIDEN
FCFRITT	CITMED EUGNUSER ENITY TOTAL	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
	HAND DELIVERED	Form A		UNITED STATES HOUSE OF REPRESENTATIVES
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	Name ///
<u> </u>	HOLDEN

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 Netional Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as Netional Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ortano County Board of Education	Spouse Salary	NA NA
SPOUSE - SCHUY IKIN COUNTY RETIRETENT	PENSION	#30,663
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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.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2011	000,53 000,53
XYZ Magazina	Article	Αυφ. 19, 2011	\$6
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BARCLAYS ACOR POUL	PROTECTED TTIPS	BARCLAYS TREAS	(MOLOX)	BLACRICK Allocation	BANCO SANTANOFR		Eustpies:	SP Maga Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property hald 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 peographic location is Block. A. Exclude: Your personal residence, including according to reporting pelicol; any deposits totaling \$5,000 or less in a personal checking or saving accounts, and any financial interest in, or income derived the saving the reporting pelicol; 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 estimanter program, including the Theit Sevings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (JT), in the optional column on the field, the collection booldes. For a detailed discussion of Schadule III requirements, please refair to the instruction booldes.	For all IRAs and other retirement plans (such as 401(4) plans) that are self-directed (i.e., plans in which you have the power, even if not associated to edect the specific threstments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual functs (do not use ticker symbots.)	of frooms with a fair mariest 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.	ktenthy (a) each aseet held for awastment or production	Asset and/or income Source
									None >	± 0 €	∓ a	5 E E	Ħ N	
					2	L	₹		\$1 - \$1,000 [®]	year ar general "None."	5 9			
					<u> </u>		Indefinite		\$1,001 \$15,000 C	1 . # F	880	\$ 0 mg	6	
<u> </u>					<u> </u>	<u> </u>	18		\$15,001 - \$50,000) , ,	₩.			\$
 					<u> </u>	L	<u> </u>	×	\$50,001 - \$100,000 m	year and is included only because it generated income, the value should be "None."	if an asset was sold during the reporting	reporting year. If you use a valuation method other than fair market value, please specify the method used.	indicate value of asset at	Value of Asset
 						×	<u> </u>	Щ	\$100,001 - \$250,000 m	, <u>, , , , , , , , , , , , , , , , , , </u>	춙		X	te of At
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							Floyatties		TAX-DEFERRED Other Type of income (Specify: e.g., Pertnesship income or Ferm Income)	W D		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	Check all columns that apply. For	Type of income
									None -	8 9	11	를 통 독 음	3	
7		7		7	<u> </u>				\$1 - \$200 ==	ncome. Check "None" if no income was semed or generated.	interest, and capital gains, even it reinvested, must be disclosed as	Defened in Block C, you may check the "None" column. For all other assets, indi- cale the category of income by checking the appropriate box below. Dividends,	For essets for which you checked "Tax-	
									\$201 - \$1,000 #		# P	9 9 9		≥
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Type of thcome	## Of The	\$200 = Anou = F.1,000 = F.	1 - \$2,500			\$5,000,000

SCHEDULE IV- TRANSACTIONS

Name JIM HOLDEN PAGE 2 of 10

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	Type ansact	on		Date			Am	Amount	9		Transaction	9		
resulted in a capital loss. Provide a brist 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-		· · · · · ·	<u> </u>	Capital ed \$200	(MO/DAY/YH)	>	Œ	ဂ	a	m	71	۵	I		د
ates rentel income. If only a portion of an asset is sold, please so indicate (i.e., "puritel sale"). See example below.	CHASE		HANGE	Box if C xceede	Quarterty, Monthly, or			Ю	21- 20)1-)0		001- 000	,000	,001- ,000	.000
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 Schadule III.	PUR	SALE	EXC	Check Gain E	Bi-weekly, If applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$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
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SP Exemple: Mega Corporation Common Stock (partial sete)		×	L		10-12-11		Х								
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W5466B		2			4/12/12	5									
POWERSHARES DB	1				3/8/12	2									
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BLACKROCK & LUBAL					3/8/12	7									
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	LIABILITIES

Name JIH HOLDEN

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spousa, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); toans secured by automobiles, household furniture, 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 abiling 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 mortgages on personal residences.

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Creditor	Example: First Bank of Willrangton, DE	, , , ,	\mathcal{N}/\mathcal{V}		
Date Liability Incurred MoYear	May 1998				
Type of Liebility	Mortgage on 123 Main St., Dover, DE				
\$10.001- \$15,000					
\$15,001- \$50,000					
\$50,001- \$100,000 O	Н				
\$250,0001- C	×			 	
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\$5,000,001- \$25,000,000					
\$25,000,001- \$50,000,000					
Over \$50,000,000 4					

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, Arytom, Arystate	Silver Platter (determination on personal triandship received from Committee on Ethos)	\$375
\mathcal{N}/\mathcal{N}		
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SCHEDULE VIII—POSITIONS

TIM HOLDEN

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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

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-

			Position	
	/		Name of Organization	

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.

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Page 6 ct /0

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 litnerary, 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 Cifts 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.

Chicago Chamber of Commerce Roycroft Corporation Source Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— City of Return DC-Los Angeles-Cleveland DC-Chicago-DC Z Food? Z Was a Family
Member included?
(Y/N) Z Number of days <u>not</u> at sponsor's expense 2 Days 200

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