Name: **CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES** Filer Status Report Type Rep. Steve Stivers Member of the U.S. House of Representatives Annual (May 16, 2011) District: 15th State:_ Amendment Daytime Telephone: (614) 771-4968 Officer or Employee For use by Members, officers, and employees Employing Office: Termination (614) 581-5559 Form A Termination Date: HAND DELIVEBED A \$200 penalty shall be assessed against anyone who files more than 30 days late. Mes. House of the first 2011 AUG - 2 PK 1: 49 THE STATE OF THE S (Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No ×	Yes	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.
No	Yes X No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S _S	Yes	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.
S	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.	₹	Yes ×	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.
×	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 \$335 from one source)? If yes, complete and attach Schedule VII.	×	Yes	II. Did any individual or organization make a donation to charity in fleu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
× ×	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _S	Yes X	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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	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?
Yes	ave you Yes
No ×	No ×

Name Rep. Steve Stivers

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.

Exclude: Williamy pay (such as Mailottal Guard of ness) ve pay), leueral follottle programs, and periodic to	its lengther attact the Oorier Occarry From	July Aut.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
	Spouse income	\$270
Ohio Petroleum Marketers and Convenience Store	Spouse income	\$32,708.33
DFAS	Salary	\$22.946.53

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Page 3 of /D

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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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.

							N/A	Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source	
								Article	Speech	Activity	
								Aug. 13, 2010	Feb. 2, 2010	Date	
								\$500	\$2,000	Amount	

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	Huntington	Chase B	Chase B	PNC - Sa	PNC - C		Examples:	QQ.	ment account that exceeds the report ment accounts which are not at the name of the institution hol value at the end of the reportin For rental or other real property vide a complete address. For an ownership interest in a that is not publicly traded, states in the property vide a complete address. For an ownership interest in a that is not publicly traded, states in the nature of its activities from in Block A. Exclude: Your personal resistion in Block A. Exclude: Your personal resistion in Block A. Exclude: Your personal resistion in Block A. I and any firm and any firm and any in the complete interface, at ederal refirement property income source is that of your as child (DC), or is jointly held will optional column on the tar latt. For a detailed discussion of Spiesse refer to the instruction to	Provide complete name not use ticker symbols.) For all IFIAs and other replans) that are self-direc the power, even if not the power, even if not investments), provide the	Identify (a) each a of income with a of the end of the reportable asset or more than \$200 km.	Asset a
	on Bank	Bank - Savings	Bank - Checking	- Savings	Checking	1st Bank of Paducah, KY Accounts	-	Mega Corp. Stock	account that exceeds the reporting thresholds. For relitement accounts which are not self-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. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic locations in Block A. Exclude: Your personal residence, including second incomes 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 tederal retirement program, including the Thritt Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (5P) 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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IFIAs and other retirement plans (such as 401(k)) 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 investments), provide the value for each asset held in the	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
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	2		· . ·	<u> </u>		L	ļ	_	\$500,001 - \$1,000,000 [±]	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
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-							Royalties		Other Type of income (Specify: e.g., Partnership Income or Farm Income)	. Chec	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(K) plans or IRAs), you may check the "None" column.	
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<u> </u>	×	×	1	×	<u> </u>	L		1	\$1 - \$200	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.	For retirement accounts ried 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 "None" column. For all other assets, indicate the category of income by	
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								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	exchanges (E) exceeding \$1,000 in reporting year.	asset had purchases (P), sales (S), or	Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rep. Steve Stivers

Chase Roth IRA JP Morgan US Trea Palomar Med. Tech JP Morgan Chase 4 Common Stock Fur	Chase Roth IRA JP Morgan US Treas Palomar Med. Tech JP Morgan Chase 40 Common Stock Fund S&P 500 Index Fund	Chase Rott JP Morgan Palomar M JP Morgan C Common S S&P 500 Ir JP Morgan Cl SP Vanguard M											
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rep. Steve Stivers

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SCHEDULE IV— TRANSACTIONS

Zua Stivers Trust for Name Rep. Steve Stivers

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent third during the reporting period of any security or real mon-	, 4 , 1	Гуре))			>	<u>}</u>) 1	1 3 3	<u>}</u>	3		
erty held for investment that exceeded \$1,000. Include transactions that	of fransaction	IISac	IIOI1	l 0	שופ					2		Allouit of Halloacuon	_ =		
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- from or the numbers of self-of your personal residence in lines; if gener-				Capital ed \$20	(MO/DAY/YR)	>	Œ	ဂ	0	П	71	စ	I	_	د
ates rental income if only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	HASE		ANGE	Box if (ceede	Quarterly, Monthly, or					1- 0		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 Schedule III.	PURC	SALE	EXCH	Check I Gain Ex	Bi-weekty, if applicable	\$1,001 \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,000 \$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	_	×			10-12-10		×								
Zua Stivers Trust (Taxpayer) - Below															
First Am. Tax Free Fund (Partial Sale)	-	×	,		4-27-10	×									
BP PLC ADR		×		×	6-3-10	×									
GE Stock (Partial Sale)		×		×	8-30-10	×									
JP Morgan Chase Co. (Partial Sale)	-	×		×	8-30-10	×		· /							
Procter & Gamble Co. (Partial Sale)		×		×	8-30-10	×									
First Am. Tax Free Fund (Partial Sale)		×			11-2-10	×									
First Am. Short Tax Free (Partial)		×			11-2-10	×									
Exxon Mobil Stock (Partial Sale)		×	-	×	11-1-10	×									
GE Stock (Partial Sale)		×		×	11-1-10	×									
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SCHEDULE V— LIABILITIES

Name Rep. Steve Stivers

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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 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.

JT DC,				
	Example:	N/A		
Creditor	First Bank of Wilmington, DE			
Date Liability Incurred Mo/Year	May 1998			
Type of Liability	Mortgage on 123 Main St., Dover, DE			
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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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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 Standards)	\$345
N/A		
		0 0 0 0 0 0 0 0

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by 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

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.

spouse or dependent child that is totally independent of his or her relationship to you.

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
\neg	Mar. 2	DCChicagoDC	2		Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	~	2 Days
N/A						
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Name Rep. Steve Stivers

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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,

zations); 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 organi-

Position	Name of Organization
Board of Directors	Greater Common Good (Non-Profit)
Board of Directors	Prevent Blindness Ohio

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

Date	Parties To	Terms of Agreement
11/11/09	State of Ohio	COBRA Benefits Through 3/1/10