ild Yes ☐ No ☑	ncome, transactions, or liabilities of a spouse or dependent child res" unless you have first consulted with the Committee on Ethics.	Exemptions— 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 Ethic
Yes No 🗸	tee on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ned disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes 🗌 No 🗸	tial Public Offering?	IPO Did you purchase any shares that were allocated as a part of an initial Public Offering?
SE QUESTIONS	NFORMATION - ANSWER EACH OF THESE QUESTIONS	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the appropriate	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	V. (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
	If yes, complete and attach Schedule IX.	if yes, complete and attach Schedule IV.
vutside Yes No V	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes ✓ No □  period?
ng in the Yes No V	VIII. current calendar year?  If yes, complete and attach Schedule VIII.	III. 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.
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
e travel or an \$350 Yes No 🗸	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Did any individual or organization make a donation to charity in lieu of paying  II. you for a speech, appearance, or article in the reporting period?  Yes No
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
egift in No ✓	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200  Yes V No
	THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE G
more than 30 days	Termination Date:	Report Annual (May 15)   Amendment   Type   Termination
A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee	Filer Member of the U.S. State: NJ House of Representatives District: 04
(Office Use Only)	(Daytime Telephone)	(Full Name)
2013 15 PM 5: 09 MC	2013	Christopher H. Smith
TERRORAL INC. POSCOUNCE COMETY.	12323	
HAND DELIVERED	FORM A Page 1 of 5 For use by Members, officers, and employees	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

## SCHEDULE I - EARNED INCOME

Name Christopher H. Smith

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Туре	Amount
Gospel of Life Ministries	Spouse Salary 1/1/2012 - 12/31/2012	N/A

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ME Name Christopher H. Smith Page 3 of 5

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	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
Ass	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) eac value exceedin reportable ass	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 "income during the year"	Value of Asset Indicate value of asset at	Check all columns that apply. For retirement accounts that do not allow you to choose	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column.	Indicate if asset had purchases (P), sales (S), or
Provide compl	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	you use a valuation method other than fair	generate tax-deferred income (such as 401(k) plans or IRAs),	category of income by checking the appropriate box below.	exceeding \$1,000 in reporting year.
For all IRAs an each asset heir	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.	specify the method used.	column. Dividends, interest, and capital gains, even if	gains, even if reinvested, must be disclosed as income. Check	
For rental or or a description,	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.	the reporting year and is included only because it	as Income. Check "None" if the asset generated no income during the reporting period.	or generated.  * This column is for income	
For an ownership ir state the name of the location in Block A.	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.	value should be "None."  * This column is for assets  * Held solely by your snows		generated by assets held solely by your spouse or dependent child.	
Exclude: Your (unless there v \$5,000 or less in, or income d Savings Plan.	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.	or dependent child.			
If you so choos spouse (SP) or optional colum	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 discuinstruction booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				
JT	Capital One (formerly ING Direct) PO Box 60, St. Cloud MN 56302	\$22,052	INTEREST	\$230	
	Congressional Federal Credit Union Checking Account	\$1,085		\$0	
	Vanguard Money Market Fund IRA (inherited)	\$41,136	DIVIDENDS	\$17	

## SCHEDULE IV - TRANSACTIONS

Name Christopher H. Smith Page 4 of 5

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 transaction. Exclude transactions is sold, please so indicate (i.e., "partial sale"). See example below. between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset

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. This column is for assets solely held by your spouse or dependent child.

JT Var	SP, DC,
Vanguard Money Market Fund (IRA) Inherited S	Asset
S	Type of Transaction
No.	Capital Gain in Excess of \$200?
12-05-12	Date
\$2,000	Amount of Transaction

## **SCHEDULE V - LIABILITIES**

Name Christopher H. Smith

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owed 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; 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 for liabilities held solely by your spouse or dependent child. 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. \*This column is

	JT	ΤΓ	SP, DC,	
	Second Residence GMAC Mortgage, Herndon, VA	Primary Residence, Robbinsville, NJ	Creditor	
	6-22-2003	N/A	Date Liability Incurred	
	Mortgage	None	Type of Liability	
19-12	\$79,793 at beginning of 2012, paid in full as of 11-	\$0, home is paid in full	Amount of Liability	