

UNITED STATES HOUSE OF REPRESENTATIVES

CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

FEB 19 2013

U.S. HOUSE OF REPRESENTATIVES RESOURCE CENTER

REPRESENTATIVE EDOLPHUS TOWNS -CALENDER YR. 2012 FINANCIAL DS STI

2013 FEB 28 PM 1:35 FM

(Full Name)		(Daytime Telephone)	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: NY District: 10	<input type="checkbox"/> Officer Or Employee	<input type="checkbox"/> Employing Office:
Report Type	<input type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Termination Date: 1/20/2013

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name REPRESENTATIVE EDOLPHUS TOWNS -CALENDER Y

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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	Type	Amount
ADDICTION RESEARCH AND TREATMENT CORP	SPOUSE MISCELLANEOOUS INCOME	\$3,000
THRIFT SAVINGS PLAN	PENSION/ ANNUITY	\$100,000
TEACHER'S RETIREMENT SYSTEM	SPOUSE'S PENSION	\$54,527
BROWN MEMORIAL CHURCH	APPROVED RELIGIOUS SERVICE	\$850

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) 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 account that exceeds the reporting thresholds. For retirement 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.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>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.</p> <p>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.</p>		<p>At close of reporting year.</p> <p>If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply.</p> <p>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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>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. For all other assets, indicate the category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	BANK OF AMERICA-8155	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	BANK OF AMERICA-9520	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	CFS INVESTMENTS- LP ACCT	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
JT	CONGRESSIONAL FEDERAL CREDIT UNION #1 SAVINGS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	CONGRESSIONAL FEDERAL CREDIT UNION #2 CHECKING	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
JT	MERRILL EDGE A/K/A MERRILL LYNCH	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	NY COMMUNITY BANK - CHECKING	\$1,001 - \$15,000	None	NONE	
SP	NY COMMUNITY BANK-6693	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
JT	RENTAL PROPERTY -256 HIGHLAND BLVD. BROOKLYN, NY 11207	\$250,001 - \$500,000	Other: RENT	\$15,001 - \$50,000	

JT	SUNLIFE FINANCIAL ANNUITY	\$50,001 - \$100,000	Other: ANNUITY	NONE	
JT	TD BANK - ACCT #0961	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
JT	TD BANK- ACCT #0961	\$50,001 - \$100,000	Other: DEPOSIT IN ACCT FOR POTENTIAL SALE OF CONDO	\$15,001 - \$50,000	

SP	US LIFE INS. CO/ FORMERLY AIG	\$1,001 - \$15,000	Other: IRA	\$201 - \$1,000	
JT	WELLS FARGO -ESCROW ACCT ON 286 HIGHLAND	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name REPRESENTATIVE EDOLPHUS TOWNS -CALENDER Y

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	BANK OF AMERICA- 0755	SEPT 2003	MORTGAGE ON 4304 HAWKS NEST DRIVE, LUTZ, FL	\$100,001 - \$250,000
JT	BANK OF AMERICA - #9520 RENTALPROPERTY	DEC 2005	MORTGAGE ON 256 HIGHLAND BLVD, BROOKLYN, NY 11207	\$250,001 - \$500,000
JT	WELLS FARGO BANK- # 9513	AUGUST 2011	MORTGAGE ON RESIDENCE 286 HIGHLAND BLVD., BROOKLYN, NY 11207	\$250,001 - \$500,000