	hild Yes 🗌 N 🕢	Have you excluded from this report any other assets, "uneamed" 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.	sets, "uneamed" inco Do not answer "yes	Exemptions— Have you excluded from this report any other assets, "uneamed" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fine thics.
	Yes N	e on Ethics and certain other "excepted trusts" need not be benefiting you, your spouse, or dependent child?	ed by the Committee etails of such a trust	Trusts  Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your
	STIONS	TION - ANSWER EACH OF THESE QUE	ST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
	s" response.	appropriate schedule attached for each "Yes" response.	1	If yes, complete and attach Schedule V.
	d and the	Each question in this part must be answered and the	Yes ✓ N	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.
	outside Yes V N	Did you have any reportable agreement or arrangement with an outside IX entity?	Yes N	Did you, your spouse, or dependent child purchase, sell, or exchange any IV reportable asset in a transaction exceeding \$1,000 during the reporting medical?
	1	If yes, complete and attach Schedule VIII.	1	If yes, complete and attach Schedule III.
<u> </u>	Yes N	Did you hold any reportable positions on or before the date of filing in the VIII current calendar year?	Y88 V	Did you, your spouse, or a dependent child receive "unearmed" income of III more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the and of the period?
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.
	re than Yes 🗸 N	Did you, your spouse, or a dependent child receive any reportable travel VII or reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes Z	Did any individual or organization make a donation to charity in lieu of II. paying you for a speech, appearance, or article in the reporting period?
	•	If yes, complete and attach Schedule VI.	•	If yes, complete and attach Schedule I.
	blegiftin ∕therwise Yes ☑ N	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	Yes N N	Did you or your spouse have "earned" income (e.g., salaries or fees) of 1. \$200 or more from any source in the reporting period?
		UESTIONS	OF THESE QU	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
,	files more than 30 days late.	Termination Date	☐ Termination	Report Type  Annual (May 15)  Amendment
<u>~</u>	be assessed against anyone who	спрюуее		Status House of Representative Distric 17
# 16°0	U.S. ICUSE OF REPRESENTATIVES A \$200 penalty shall	Employing Offic		Filer Member of the U.S. State: OH
	(Office Use Only)	(Daytime Telephone)		(Full Name)
: 56 K	2012 JUN 14 PH 2: 56 HC	202-225-5261		Timothy J. Ryan
CENTER . A )	LEGISLATIVE RESOURCE CENTER	L		
		For use by Members, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
	エングラックスマルカーフ	FORM A Page 1 of 7	ratives .	LINITED STATES HOUSE OF REPRESENTATIVES

# SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

appropriately labeled.

transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is 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 Nam Timothy J. Ryan Page 2 of 7

Source Acuvit Dat Amount
Center for Mindfulness, Omega Institute Speech October 1, 2011 \$2,000 and Mindful.org

Wright Patman Congressional Credit Union	Huntington Bank	E-Trade Account Money Market	A Mindful Nation, book published by Hay House Inc. (approved by Ethics Committee)	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.  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 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.	"unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  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.  For rental or other real property held for investment, provide a complete address.	BLOCK  ASSet and/or Income Source  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
\$1 - \$1,000	\$1 - \$1,000	\$1 - \$1,000	indefinite			year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK Year-End Value of Asset At close of reporting
INTEREST	INTEREST	INTEREST	future royalties			you to choose specific investments or that generate tax-deferred income (such as 401(t) 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.	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow
\$1 - \$200	\$1 - \$200	\$1 - \$200	NONE			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.  Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK  n Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-
						exchangee (E) exceeding \$1,000 in reporting year.	BLOCK F Transaction Indicate if asset had purchases (P), sales (S), or

### **SCHEDULE V - LIABILITIES**

Nam Timothy J. Ryan

Page 4 of 7

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 mortgates on personal residences.

	SP,
Huntington Bank	Credito
July 2003	Date Liability Incurred
Mortgage on personal residence (no rental income)	Type of Liabilit
\$100,001 - \$250,000	Amount of Liabilit

#### **SCHEDULE VI - GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. 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 \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Nam

Timothy J. Ryan

Page 5 of 7

Mr. Sam Covelli, Warren, Ohio	Source	
Airfare (Youngstown, OH-Nassau, Bahamas-Wilmington NC) determination on personal friendship received from Committee on Standards	Description	
\$1,240	Value	

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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 spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Nam Timothy J. Ryan

Page 6 of 7

none	Z	<b>~</b>	~	Niles Ohio-via Pittsburg to New York City; NYC to DC via Amrak	Septembe Niles Ohic r 29- New York October 2 via Amrak	Omega Institute
Days not at sponsor's	Was a Family Member Included? (Y/N)	Food ?	Lodging ? (Y/N)	Point of Departure Lodgin DestinationPoint of Return ? (Y/N	Date(s)	Source

### **SCHEDULE IX - AGREEMENTS**

Nam Timothy J. Ryan

Page 7 of 7

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.

24. 2011 (publisher)
author standard rovalty navments to be made on actual sales