S	JESTION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, (
) H	vered and Yes" resp	Each question in this part must be answered and th appropriate schedule attached for each "Yes" response	Yes 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.
z	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	8	Yes No	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.
z	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 🗹 No 🔲	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.
Ž	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.	No 🔼	Yes	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.
z	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.	No	Yes 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.

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?

excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you

Yes

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Yes

No No

Yes

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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.

						West Now Bux Board of Education	New Jeasey State Peusian	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)		Keene State	Source
					•	Spinse's Tension	Legislative Received	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
					•	v /A	38,477	ΝΆ	\$1,000	\$9,000	\$6,000	Amount

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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. 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

Source	Activity	Date	Amount
,	Speech	Feb. 2, 2012	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2012	\$500
HIN			
		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

Thizer	CONOCO Phillip	D BANK		Examples:	SP Sp Mega Corp. Stock	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 a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A
>	*	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$5,000,000 \$500,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$5,000,001 - \$50,000,000 \$50,000,001 - \$50,000,000 \$50,000,001 - \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000	A BB C D FF G H		* This column is for assets held solely by your spouse or dependent child.	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.	Value of Asset	BLOCK B
			×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)		vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	nn ay galga	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	Type of Income	BLOCK C
			×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	* This column is for income generated by assets held solely by your spouse or dependent child	and capital gains, even if reinvested, must be disclosed as income. Check "None" if	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate how below Dividends interest	Amount of Income	BLOCK D
					S (partial)	(S) (partial) See below for exam- ple. P, S,	an asset is sold, please indicate as	If only a	you.	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges	Iransaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Abio Sikes.

Con	Continuation Sheet (if needed)				Name	1610 OINES	٠	Page of
	BLOCK A Asset and/or income Source	BLOCK B Year-End Value of Asset	End Asset	BLOCK C Type of Incom	ome XO	BLOCK Amount of	BLOCK D Amount of Income	BLOCK E
SP, DC,		000 000, 000, 000,000	000,000		ND TRUST D come artnership	V V III II I	00 <u>≦</u>	
JT		None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$100,001 \$250,00	\$250,001 - \$500,00 \$500,001 - \$1,000 \$1,000,001 - \$5,00 \$5,000,001 - \$25,0 \$25,000,001 - \$50,00 Over \$50,000,000	Spouse/DC Asset over \$ NONE DIVIDENDS RENT INTEREST	CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Incon (Specify: e.g., Partn Income or Farm Inc	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000	\$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,00 \$1,000,001 - \$5,000,00 Over \$5,000,000	Spouse/DC Income over
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SCHEDULE IV— TRANSACTIONS

Name Albid Siks

											SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT 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.	income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence unless it generates rental	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
										:			PURCH	IASE		of Tra
											 ×		SALE			Type of Transaction
													EXCHA	NGE		tio
			:		,	N/A							Check E Gain Ex	Box if (ceede	Capita ed \$20	I O
											10-12-12		Bi-weekly, if applicable	Quarterly,	(MO/DAY/YR)	Date
													\$1,001- \$15,000		>	
											×		\$15,001- \$50,000		Œ	
													\$50,001- \$100,000		n	, l
													\$100,001- \$250,000		0	Amount
											 ļ		\$250,001- \$500,000 \$500,001-		ш	nt of
		_											\$1,000,000		Π	Tran
								••					\$5,000,000 \$5,000,001		n I	of Transaction
	 						81				_		\$25,000,000 \$25,000,00) 		jo S
	 												\$50,000,000 Over \$50,000,000	•		.
		_							E				Over \$1,000,000 (Spouse/DC As	0*	×	

SCHEDULE V— LIABILITIES

Name Abio Sines

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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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

			SP, DC,	
			±, c, r	
12607	050 6	Example:		
12807 GUNGAS TEMANE	1050 BINDERT, WestNew Benjim Woodgay was sill East	First Bank of Wilmington, DE	Creditor	
1.00 Jol 2	Amil 1996	May 1998	Date Liability Incurred Mo/Year	ļ
Mary Part Park 12 to 1 food for	Undance was sull that	Mortgage on 123 Main St., Dover, DE	Type of Liability	
76			\$10,001- \$15,000	
			\$15,001- \$50,000 c	
×			\$50,001- \$100,000 O	
		×	\$100,001- \$250,000	₽
	*		\$250,001- \$500,000 m	Amount of Liability
			\$500,001- \$1,000,000	악匚
			\$1,000,001- \$5,000,000 D	Thillds
			\$5,000,001- \$25,000,000 ± \$25,000,001-	
			\$25,000,001- \$50,000,000 -	
			\$50,000,000 Spouse/DC Liability	
			Over \$1,000,000*	

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

			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
	M/M	W//A	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

Page of g

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

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

SCHEDULE VIII—POSITIONS

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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,

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
	N/N	n/la	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.