Yes No No	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, trans irst consulted w	ner assets, "unearne s" unless you have	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No	sclosed. Have you	d certain other "excepted trusts" need not be dis	e on Ethics and dependent chik	ved by the Committe	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 No X			ublic Offering?	a part of an Initial F	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
QUESTIONS	F THESE QU	INFORMATION — ANSWER EACH OF THESE	T INFORM	NT, OR TRUST	EXCLUSION OF SPOUSE, DEPENDENT, OR
vered and the Yes" response.	must be ansved for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No U	ortable 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.
Yes No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	×	ng 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.
Yes No	or before the date	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.	<u>s</u>	arned" W veriod? 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 No	d receive any n the reporting ₃)?	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.	narity in	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 No X	regating more	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.	N <sub>O</sub>	ries or iod? Yes	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.
		E QUESTIONS	OF THESE	ANSWER EACH OF THESE	PRELIMINARY INFORMATION — ANS
against anyone who files more than 30 days late.	against anyone 30 days late.		Employee	Amendment	Status
A \$200 penalty shall be assessed	A \$200 penalty shall by	r Employing Office:	Officer or		<u> </u>
ES MO	WANTERESCHEE STATE	LECSU	Daytime To		Name: Mik 1205ecs
LIVERED	AND DE	Form A For use by Members, officers, and employees		NTATIVES OSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Name (~
7/4
(T)
ocass
Page 2

## 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.

Source	Type	Amount
	Approved Teaching Fee	\$6,000
yland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Aspen Modical USA Board of Directors	haps now	NA
Acces the Board of Directors	Louis Salary	Z A

Name

ē ē

#### 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. income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the Exclude: Your personal residence, including second tion in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business For **all IRAs** and other retirement plans (such as 401(k) plans) provide the value for each asset held in the not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production please refer to the instruction booklet For a detailed discussion of Schedule III requirements optional column on the far left from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derivec ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits total homes and vacation homes (unless there was renta ness, the nature of its activities, and its geographic locaaccount that exceeds the reporting thresholds. reportable asset or sources of income which generated you so choose, you may indicate that an asset or income with a fair market value exceeding \$1,000 at MY Ed 529 Haspessive la THE BOOK ARRIVE IN BoSA ms ad 029 Agrasive Ax Š Examples: Asset and/or Income Source Patro Dunk Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY Accounts **BLOCK A** てなっ Act and is included only because it If an asset was sold during the reporting year used. Þ spouse or dependent child. \* This column is for assets held solely by your income, the value should be "None." year. If you use a valuation method other than fair market value, please specify the method Indicate value of asset at close of reporting None Indefinite 0 \$1 - \$1,000χ O \$1,001 - \$15,000 o X メ \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 П BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 <u>\$1,000,001 - \$5,000,000</u> ے \$5,000,001 - \$25,000,000 generated ス \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000\* Deferred" column. Dividends, interincome. Check "None" if the asset IRAs), you may check the "Taxallow you to choose specific invest-Check all columns that apply. For retirement accounts that do not NONE vested, must be disclosed as est, and capital gains, even if reinincome (such as 401(k) plans or ments or that generate tax-deferred 8 × χ reporting period generated no income × DIVIDENDS Type of Income RENT × INTEREST BLOCK C × **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) K None assets held solely no income was earned or generated. be disclosed as income. Check "None" if and capital gains, even if reinvested, must the category of income by checking the This column is for income generated appropriate box below. Dividends, interest, Deferred" in Block C, "None" column. For all other assets, indicate For assets for which you checked "Taxdependent child. \$1 - \$200= X X \$201 - \$1,000≡ Amount of Income ₹ \$1,001 - \$2,500 < \$2,501 - \$5,000 × BLOCK D \$5.001 - \$15.000 ≤ by your spouse ≦ you may check the \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 \$100,001 - \$1,000,000 ⋝ \$1,000,001 - \$5,000,000 × Over \$5,000,000 × ō <u>\$</u> Spouse/DC Income over \$1,000,000 ≚ ဟ reporting \$1,000 in (E) exceeding or exchanges (P), sales (S) purchases asset had Indicate if the ransaction ple. (S) (partial) portion of BLOCK E follows: indicate as sold, please an asset is for exam-See below lf only a (partial) m or n

8

DC, S

ş

This page may be copied if more space is required

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME =SP, DC. Downard hill brigg Dranco-Asset and/or Income Source nterchana **BLOCK A** 6 500 None  $\boldsymbol{\varpi}$ \$1 -- \$1,000 × 8 8 O \$1,001 - \$15,000 O XXX X \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Year-End **BLOCK B** য \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000  $\overline{\phantom{a}}$ Over \$50,000,000 ≤ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** RENT of Income BLOCK C X Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) X None \$1 - \$200 ≡ Amount of Income \$201 - \$1,000 7 \$1,001 - \$2,500 < \$2,501 - \$5,000 **BLOCK D** ≤ \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 록 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × × Over \$5,000,000 Page Spouse/DC Income over \$1,000,000\* Transaction BLOCK E mσσ <u>'</u> 9

### SCHEDULE V— LIABILITIES

Name () La Silvagurs Page 5

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 during the year. Nembers 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; liabilities of a business in which you own an interest (unless you 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

	1	_			_	
	4			SP, DC, JT		
C	51 Rafi Wolls Factor	J-25 wound In	Example: First Bank of Wilmington, DE	Creditor		
	10/12	9/03	May 1998	Liability Incurred Mo/Year	,	
C	10/12 Mort-goal, Va	LOC Houd MI	Mortgage on 123 Main St., Dover, DE	Type of Liability		
				\$10,001- \$15,000		
				\$15,001- \$50,000 <b>w</b>		
		X		\$50,001- \$100,000 ຕ		
			×	\$100,001- \$250,000	Amount of Liability	
				\$250,001- \$500,000 m		
	X			\$500,001- \$1,000,000		
				\$1,000,001- \$5,000,000 ឆ		
				\$5,000,001- \$25,000,000 <b>±</b> \$25,000,001-		
				\$50,000,000 —		
				\$50,000,000 <b>Spouse/DC</b> Liability		
	<u> </u>		<u> </u>	Over \$1,000,000*		

#### SCHEDULE VI— GIFTS

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.

**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.

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	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

Name (
7,16,1
) Jocyc
S Page

# 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

Source	Examples: Chicago Chamber of Commerce  Reverett Corporation								
Date(s)	Mar. 2	Ĭ							
	DC—Chicago—DC  DC—Los Angeles—Cleveland	Detroit, All - Sue wes Aires, - DC		7					
Lodging? (Y/N)	< z	4							
= :3	≺ z	4							
amily cluded? I)	<b>~</b> Z	4							
Number of days <u>not</u> at sponsor's expense	None 2 Days	Mon							