6	Page
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ž ×	child because Yes	sactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	l" income, trans	ner assets, "unearnec ss" unless you have fi	EXEMPTION—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.	≠ m
No X	closed. Have you Yes	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chil	ved by the Committee	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	9 ∃
STIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFORM	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDE	T)
red and the s" response.	must be answer ed for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	8 □	ortable Yes X	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 X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	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.	= 4 0 >
Yes No X			S N	arned" Ny period? Yes X	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.	= 855=
Yes No		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.	X	narity in ne 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.	= 2 ≥ =
Yes No X	o o	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.	×	ries or riod? Yes	 Did you or your spouse have "earned" income (e.g., salaries of 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	PRELIMINARY INFORMATION — ANS	PE
30 days late.	30 days late.	Termination Date:		Amendment	Type Annual (May 15, 2012)	
A \$200 penalty shall be assessed	A \$200 penalty s	or Employing Office:	Officer or Employee	I IIIZIMA	Status Member of the U.S. State: House of Representatives District:	
ESECUTIVITIVES	U.S. HUUSE O OHIGH LESECHINTIVES			1		
W +: 04 /	2012 HAY 15 PH 4: 04	Daytime Telephone: 202 215 4711	Daytime T		Name: 16BENT HUMI	7
JRCE CENTER	LEGISLATIVE RESOURCE CENTER)	
HAND DELIVERED	HAND DE	Form A For use by Members, officers, and employees	MENT	NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	0 -
S	_					7

BLOCK A

Asset and/or income Source

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. identify (a) each asset held for investment or production reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

the name of the institution holding the account and account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k) value at the end of the reporting period. ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the ਛੋ

For rental or other real property held for investment, provide a complete address.

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indicate as an asset is

Value of Asset

BLOCK B

reporting year. If you use a valuation please specify the method used. method other than fair market value, Indicate value of asset at close 으

generated income, the value should be year and is included only because if If an asset was sold during the reporting

disclosed as income. Check "None

if the asset generated no income dur

ing the reporting period

Type of Income BLOCK C

gains, even If reinvested, must be Dividends, interest, and capital Check all columns that apply. may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow

≥

earned or g income. Cl the approp cate the car "None" colu For assets reinvested Interest, a Deferred" ir

BLOCK D	BLOCK E Transaction Indicate if the
for which you checked "Tax- n Block C, you may check the nmn. For all other assets, indi-	asset had purchases (P), sales (S),
ntegory of income by checking viate box below Dividends ,	or exchanges (E) exceeding
and capital gains, even if	\$1,000 in reporting
heck "None" if no income was generated.	year.

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sold, please indicate as follows: (S) (partial) See below for example. S (partial)		<u> </u>	 	 _	ļ	<u> </u>	 - -	Ļ	1	<u> </u>	
		1	1	j	1	1	1				sold, please indicate as follows: (S) (partial) See below for example. P, S,

This page may be copied if more space is required.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Ξ 8 Ş this is a manufacture through Asset and/or Income Source **BLOCK A** \triangleright None 8 \$1 - \$1,000C \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 Ω \$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 Over \$50,000,000 NONE **DIVIDENDS** RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income \$1 - \$200 = \$201 - \$1,000 = BLOCK D \$1,001 - \$2,500 < \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Page_ \succeq Over \$5,000,000 Transaction ~ BLOCK E சுலநா į 6

SCHEDULE V— LIABILITIES

Name ROBERT HUMI Page

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

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			JT		SP, DC, JT	
		IFUti	1488	Example:		
		MitizEns Bonk		Example: First Bank of Wilmington, DE	Creditor	
	,	7/68	7/u	May 1998	Liability Incurred Mo/Year	Date
	•	Business Equity Line - 10 N Many Unaham	Mortpage on 216 N. Main Classian	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
		×			\$15,001- \$50,000	
			×	_	\$50,001- \$100,000	
				×	\$250,000 \$250,001	Mount Amount
					\$500,000 ^m	약드
					\$1,000,000 " \$1,000,001-	Amount of Liability
				<u> </u>	\$5,000,000 \$5,000,001- 	
					\$25,000,000 - \$25,000,001- \$50,000,000	
					Over \$50,000,000	

SCHEDULE VI — GIFTS - N/A

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

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

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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

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

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

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		CAdinipies	YOM -								
Source	Chicago Chamber of Commerce	Roycroft Corporation	Majalogi - virtilat - Utideli 81/8-12/8 histophong monargi ilangi-majamit		Today						
Date(s)	Mar. 2	Aug. 6–11	82/8-12/8								
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland	Roberth - TelAviv - Roleigh	V							
Lodging? (Y/N)	Z	Υ	Υ					•			
Food? (Y/N)	Z	Y	۲								
was a ramily Member Included? (Y/N)	Z	Υ	N								
Number of days not at sponsor's expense	None	2 Days	None								