

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2013 MAR -5 PM 2:30

U.S. HOUSE OF REPRESENTATIVES
OFFICE USE ONLY

Name: FRANK GUINTA Daytime Telephone: _____

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MA</u> District: <u>1</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Termination Date: <u>1-2-13</u>

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

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

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 transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name

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BLOCK A		BLOCK B													BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		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 publicly 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>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>													<p>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 IRAs), you may check the “Tax-Deferred” 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 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 box below. 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 the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>
SP, DC, JT	SP, DC, JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	S (partial)
Examples:	1st Bank of Paducah, KY Accounts	None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Royalties	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	
JT	221 Crestview Rd Middletown, KY 40341																																
JT	772 Louisville St. Middletown, KY 40309																																
JT	Bank of America																																
JT	Belmonte Credit Union																																
JT	St. Mary's Bank																																

Continuation Sheet (if needed)

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Type of Transaction

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date _____

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

**\$1,001-
\$15,000**

\$15,001-
\$50,000

\$50,001-
\$100,000

\$100,001-
\$250,000

**\$250,001-
\$500,000**

\$500,001-
\$1,000,000

\$1,000,001-
\$5,000,000

\$5,000,001-
\$25,000,000

\$25,000,001-
\$50,000,000

Over
\$50,000,000

SP, DC, JT

Asset

SP	<i>Example:</i>	Mega Corporation Common Stock (partial sale)
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X

10-12-11

X

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SCHEDULE V— LIABILITIES

Name

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
JT	St. Mary's 1724 DuPont Hwy Wilmington, DE 19804	Aug 04					X							
JT	St. Mary's 224 Chestnut St Wilmington, DE 19804	March 06						X						
	NATNET Network	Sept 00	Gift School Loan (covered) 1877		X									
SP	Spouse Mate	Sept 96	School Loan (covered) 1877		X									

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 \$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.

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

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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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SCHEDULE VIII—POSITIONS

Name

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>NA</i>	<i>NA</i>

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.

Date	Parties To	Terms of Agreement
<i>NA</i>	<i>NA</i>	<i>NA</i>