UNITED STATES HOUSE OF REPRESENTATIVES

<u>\$</u>	hild because Yes	nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	ned" income, tran	other assets, "unear "yes" unless you hav	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on E
<u>§</u>	N/A Yes	nd certain other "excepted trusts" need not be disclosed. Have you N/R	tee on Ethics ar or dependent ch	proved by the Comming you, your spouse,	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	THESE QUESTION	MATION — ANSWER EACH OF	ST INFOR	ENT, OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
d the onse.	ion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part mappropriate schedule attache	S C	reportable 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.
_ □	rrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	e, sell, eding 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.
S S	r 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.	™	nearned" l any ne period? 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.
<u>s</u>	receive any the reporting 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.	™ S	o charity in in the 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]	receive any egating more 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	period? Yes	 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 THES	NSWER EAC	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
more than	against anyone who files more than 30 days late.	Termination Date:	Employee	Amendment	Report Annual (May 15, 2012)
assessed	A \$200 penalty shall be	Employing Office:	Officer or	λN	Į
3: 20 ENTIFE /	THE CLERK COME ONLY COME ONLY COME ON THE COME OF THE COME ONLY COME ON COME	101-215-3701 Daytime Telephone: 315-415-4235	Daytime	*	Name: Ann Marie Burkte
כ	HAND	Form A For use by Members, officers, and employees	EMENT	CLOSURE STA	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name Ann Marie Buckle Page 2 of

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.

Exclude: Military pay (such as National Guard or Heserve pay), federal retirement programs, and benefits received under the Social Security Act.	efits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
ion	Spouse Salary	NA
New York State Retitioned / pension	Retirement	\$21,000
Olympus Real Estate Company	2d mortgage	#62,000
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Name Ann
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Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

	Aptivity	Data	Amount
	70000		
Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2011	\$500
N/A			
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Net iffe	AXA Retirement Chase 18A		Examples: Simon & Schuster		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. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business in the nature of its activities, and its geographic location in Block A. 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 (\$P) 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.	Asset and/or Income Source 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. Provide complete names of stocks and mutual funds (do not use licker 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 account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds.
*	*	×	Indefinite	X	None > \$1 - \$1,000	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
N/A	× ×	×		x x	Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments at 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.
	>	×	×	×	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 ≥	Amount of Income 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.
			í	S (partial)	rr only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Fransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceedings \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Ann Maria Buerkla

Page 5

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SCHEDULE IV— TRANSACTIONS

Name Ann Marie Buerkle Page 6 of 9

							to me	\ \ \ \ Net \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(* capital gains paid	, Commercial Real Estate	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.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indi-	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	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
				 									PURCH	ASE		Type of Transaction
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SCHEDULE V— LIABILITIES

Name Ann Maria Burkla

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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.

Date Liability Date Liability A B C D E F G H						
Creditor Date Liability Incurred Movear Type of Liability A B C D E F G H Movear A B C D E F G H Movear H H F G H H St., Dover, DE St0,0001-00-00-00-00-00-00-00-00-00-00-00-00					7 K K	
Creditor Date Liability A B C D E F G H Incurred Movrear Type of Liability A B C D E F G H Incurred Movrear Movrear A B C D E F G H Incurred Movrear A B C D E F G H Incurred Movrear A B C D E F G H Incurred Movrear Movrear Movrear S15,000 S15,000 S15,0	I	èC S		Example:		
Morigage on 123 Main St., Dover, DE S10,001-	0 Student Loan	signed neices,	and their Country		Creditor	
\$10,001- > \$15,000				May 1998	Date Liability Incurred Mo/Year	1
\$15,000 \$15,001- \$50,001- \$100,000 \$50,001- \$100,000 \$250,001- \$500,000 \$250,001- \$1,000,000 \$1,000,000- \$1,000,000- \$5,000,000- \$5,000,000- \$25,000,000- \$25,000,000- \$25,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000-		Student loan		Mortgage on 123 Main St., Dover, DE	Type of Liability	
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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

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

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

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.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evamples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z		Z	None
Examples.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	4	Y	2 Days
	N/A			·			
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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	٨/٨			
Nan				
Name of Organization				

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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defined pension benefit including hegethist	NYS office of AG	1/18/2010
Terms of Agreement	Parties To	Date