Page 1 of _

PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS 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. 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 If yes, complete and attach Schedule V. 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 III. 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 II If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the 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? Name: Cal III. Did you, your spouse, or a dependent child receive "unearned" reporting period? CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Report Type Filer Status Member of the U.S. Annual (May 16, 2011) House of Representatives District: State: ANSWER EACH OF THESE QUESTIONS Amendment Yes X Yes X š X Yes Daytime Telephone: 202-225-464 Ö <u>8</u> **₹** 8 S Officer or Employee an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? if yes, complete and attach Schedule VI. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more Did you have any reportable agreement or arrangement with VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. VII. Did you, your spouse, or a dependent child receive any than \$335 and not otherwise exempt) For use by Members, officers, and employees appropriate schedule attached for each "Yes" response. Employing Office: Each question in this part must be answered and the Termination Form A Termination Date: A \$200 penalty shall be assessed against anyone who files more than 30 days late. HAND DELIVERED LEGISLATIVE RESOURCE CENTER 1.50 HOUSE THE CLERK 2012 MAR 20 AM 9: 41 ¥es Yes ğg X Yes × X <u>₹</u> Š Z 0 <u>₹</u> š X

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<u> </u>	×	×	×	×	×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 Cyer \$50,000,000 □	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."
X	×	*	8	*	×	×	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST 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 or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" 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.
X	×	×	×	X	×	×	X	×	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 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 "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.
3							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P. S. E.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)						٠	Name (7	2/0000			Pageor
Asset and/or Income Source		BLOCK B Year-End Value of Asset	KB End Asset			BLOCK C Type of Income	c e e	An	BLOCK D	BLOCK D Amount of Income		BLOCK E
д Ç sş	None > \$1 - \$1,000	\$15,001 - \$50,000	\$250,001 - \$500,000	\$25,000,001 - \$50,000,000 × Over \$50,000,000 +	NONE DIVIDENDS RENT	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None \$1 - \$200 \(\sigma\) \$201 - \$1,000 \(\sigma\)	\$1;001 - \$2,500	\$15,001 - \$50,000 \(\leq\) \$50,001 - \$100,000 \(\leq\) \$100,001 - \$1,000,000 \(\times\)	\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	סי, מיַ חו
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CHEDULE IV— TRANSACTIONS		:	 							L
Type apport any purchase, sale, or exchange transactions by you, your spouse, dependent child during the reporting period of any security or real prop- type of Transaction	Type of Transactio	<u>ה</u>	Date		'	Amo	ount .	of Tr	ans	acti
sulted in a capital loss. Provide a brief description of any exchange trans- tion. Exclude transactions between you, your spouse or dependent chil- en, or the purchase or sale of your personal residence, unless it gener-		Capital ed \$200	(MO/DAY/YR). A	>	•	0	•	m	П	Ω
en, or the purchase or sale of your personal residence, unless it generes rental income. If only a portion of an asset is sold, please so indi-	IGE		or Quarterly,)	-

											•	Pfizer, Inc. (full sale) X 10-27.	Example: Mega Corporation Common Stock (partial sale) X	SP, DC, JT Asset	cate (i.e., "partial sale"). See example below. 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.	Capital d \$200	Type of Transaction
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