

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A
For use by Members, officers, and employees

MAY 15 2013

CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Elijah E. Cummings
(Full Name)

(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representative
State: MD District: 07

Officer Or Employee
Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or 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 checked="" type="checkbox"/> No <input 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.	

IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>
Exemptions-- 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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(Office Use Only)

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SCHEDULE I - EARNED INCOME

Name Elijah E. Cummings

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
Global Policy Solutions, LLC - Spouse	Spouse Salary	N/A
Maryland State Employees Pension Plan	Defined Benefit pension payments from 14 years' service in Maryland State Government	\$15,950
National Association of Counties Financial Services Corporation, Washington, DC	Spouse Board Service	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: **Elijah E. Cummings**

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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. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Anne Arundel County, MD MLK Committee	Speech	Jan. 16, 2012	\$500
Freedom Temple AME Zion Church, MD	Speech	Feb. 26, 2012	\$100
Second Calvary Baptist Church, MD	Speech	April 14, 2012	\$2,000
Community of Churches for Social Action	Speech	May 18, 2012	\$2,000
2nd Baptist Church, San Antonio, TX	Speech	June 24, 2012	\$2,000
Madison Avenue Presbyterian Church, MD	Speech	July 29, 2012	\$250
Rising Sun MD First Baptist Church	Speech	Sept. 16, 2012	\$1,000
Baltimore City Chamber of Commerce	Speech	Oct. 25, 2012	\$500
Howard University	Speech	Nov. 4, 2012	\$1,000

SCHEDULE III: ASSETS AND "UNEARNED" INCOME

Name: **Elijah E. Cummings**

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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 source of income which generated more than \$200 in "unearned" income during the year.

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

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.

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.

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.

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 (SP) 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.

BLOCK A

BLOCK B

BLOCK C

BLOCK D

BLOCK E

Year-End 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."

* This column is for assets held solely by your spouse or dependent child.

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.

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.

* This column is for income generated by assets held solely by your spouse or dependent child.

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SP	1830 11th St., NW, Ste 1, Washington, DC 20001	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	2014 Madison Ave. Baltimore, MD 21217	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP	2221 St. Paul St., Baltimore, MD 21218 (Rental Property)	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
SP	BlackRock Equity Dividend Fund-INV A	\$1,001 - \$15,000	Tax Deferred	NONE	
	Elijah Cummings, PA Baltimore, MD	None	None	NONE	
SP	Global Policy Solutions, LLC Washington, DC	\$250,001 - \$500,000	N/A	N/A See Schedule I	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Invesco Stable Asset Fund	\$1,001 - \$15,000	Tax Deferred	NONE
SP	Janus Overseas Fund-S	\$1,001 - \$15,000	Tax Deferred	NONE
SP	Perkins Small Cap Value Fund-S	\$1,001 - \$15,000	Tax Deferred	NONE
SP	PIMCO Total Return Fund-A	\$1 - \$1,000	Tax Deferred	NONE
SP	SSga S&P 500 Index Fund	\$1,001 - \$15,000	Tax Deferred	NONE
SP	SSga S&P Midcap Index Fund	\$1,001 - \$15,000	Tax Deferred	NONE
SP	T. Rowe Price Retirement 2030 Fund-R	\$1,001 - \$15,000	Tax Deferred	NONE
SP	Victory Established Value Fund A	\$1,001 - \$15,000	Tax Deferred	NONE
SP	Wright Patman Roth Ira Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000

SCHEDULE V - LIABILITIES

Name Elijah E. Cummings

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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. Members: Members 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 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. *This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	CitiMortgage, Inc. O'Fallon, Missouri	11/20/2004	Mortgage on 2014 Madison Ave., Baltimore	\$15,001 - \$50,000
	CitiBank Home Line of Credit San Antonio, TX	11/26/2004	Home Equity Mortgage	\$100,001 - \$250,000
SP	First Horizon, TN	3/27/2007	1st Mortgage on 1830 11th St., NW< Washington, DC	\$250,001 - \$500,000
SP	National City Bank, OH (Now PNC Bank)	2/27/2007	2nd Mortgage on 1830 11th St., NW, Washington, DC	\$100,001 - \$250,000
SP	America's Servicing Company, Iowa	3/13/2006	1st Mortgage on 2221 St. Paul St., Baltimore	\$250,001 - \$500,000
SP	EMC Mortgage Corp., TX	3/13/2006	2nd Mortgage on 2221 St. Paul St., Baltimore	\$50,001 - \$100,000
SP	PNC Bank	5/25/2005	1st Mortgage on 132 Randolph Place, NW, Washington, DC 20001	\$100,001 - \$250,000
SP	PNC Bank	5/25/2005	Home Equity Line of Credit, 132 Randolph Place, NW, Washington, DC	\$50,001 - \$100,000

SCHEDULE VI - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 reimbursed or 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Second Calvary Baptist Church, Norfolk, VA	Apr. 13	Norfolk, VA	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Elijah E. Cummings

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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Morgan State Board of Regents
Member	Baltimore Aquarium Board of Trustees
Member	Baltimore Area Council of Boy Scouts of America Board of Trustees
Chairman	Maritime for Primary and Secondary Education Coalition

SCHEDULE IX - AGREEMENTS

Name Elijah E. Cummings

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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
01/01/2011	Elijah Cummings' agreement to continue participation in Maryland State Government Retirement Pension Plan	Standard terms - receiving monthly retirement pension payments earned during 14 years of service in Maryland House of Delegates