because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	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 a dependent child? EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child be considered that the constant of the constant	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE	be answered and the appropriate schedule	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No No VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?	II. 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? Yes No Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	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? Yes No II. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Candidate for the State: MIIN FOTA Date of Neu. L, 2012 Amendment ag: Status New officer or Employee Employing Office: mc	Name: RICHARD M NOLAN Daytime Telephor	UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 30011 For use by candidates and new employees
	rnt child Yes	EACH OF THESE QUESTIONS		from Yes X	ent Yes	he date ears? Yes 🔀		A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	2012 MAY 16 AM 11: 19 M.S. HEUSE OF THE CLERK (Office Use Only)	MAY 11 2012
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SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name KICHARD M. NOLAN Page 2 or 6

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.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and ben	rement programs, and benefits re	efits received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	ount Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
STATE OF MINNESOTA	PENSION	06 HH 014	* 24 431.55
PREMIER SOTHBY'S REALTY	SALES COMMISSION	#7724.61	737,117,50
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NOLAN INVESTIMENTS	CONSULTING/A	00.00	0
MARY WOLAN LLC	REAL ESTATE BROKER	NA	NA
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	_	X		. 00	20.0	H		.0	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 personal checking or savings accounts; and any financial interest in, or income derived from, a tederal refirement 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 (IT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	For rental or other real property held for investment provide a complete address.	account and its value at the end of the reporting period	BLOCK A Asset and/or Income Source Asset and/or Income Source Identity (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 "uneamed" 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) 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
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RIVERHAD BANK / Mother Re	7	BUEAUND BAUK	RIVERIAND BOUK OHECKIN	WHEDIN CIRM	F	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	prive the es, a concept of the es, a concept of the est of the ent	ಶ	9	BLOCK A Asset and/or Income tify (a) each asset held for investment of the reporting period, and rable asset or sources of income than \$200 in "unearned" income the safetive team of use ticker symbols). II IRAs and other retirement plans the power, even if not exercised, the report of the value for the secount that exceeds the reported to the institute of the institute only the name of the institute.
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PICHARD M. NOLAN Page 4 of 6

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SCHEDULE III — LIABILITIES

Name RICHARD M. NOLAN

Page of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 sib-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

				SP, DC, JT
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
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SCHEDULE IV — POSITIONS

cer, 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. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

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 a political party or campaign organization);

	-		-		
:		ROARD OF DIRECTORS	CHAIR / MEMBER	PRESIDE WT/DIRECTION	Position
		PELICAN LAKE ASSOCIATION, CROW WING COUNTY MN	MISSION TOWNSHIP BELPLANNING COMMITTEE MISSION TUP, MN	PRESIDENT DIRECTOR CENTRAL LAKES COLLEGE FOUNDATION, BRAINERD MN	Name of Organization

SCHEDULE V — AGREEMENTS

Name RICHARDM. NOLAN

Page 6 of 6

Date	Parties To	Terms of Agreement

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

TREE PLANITME SALES + SERVICE	TREE MINISKS SY MOKE NOLAN CROSSY,
PENSION	STATE OF MINNESTA
DISTRI SUTION	RUBEDTAN GIRBM - SIMME
REAL ESTATE COMMESSIONS	PREMIER SOUTHBY REALTY SPEAKS The
Accounting services	Example: Doe Jones & Smith, Hometown, Homestate
Brief Description of Duties	Source (Name and Address)