<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent 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 dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	Id have any reportable Yes No appropriate	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.	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.	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.  VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	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.  VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Amendment	Filer  Member of the U.S. State: Michigan  Status  Member of the U.S. State: Michigan  Officer or Employing Office:  Employee	Name: ധ്¦ Աკლ ა		UNITED STATES HOUSE OF REPRESENTATIVES  Form A  Form A  Form State
f a spouse or dependent child because  Yes  Ethics.	ts" need not be disclosed. Have you Yes	ISWER EACH OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response	reportable agreement or arrangement with  Yes  attach Schedule IX.	reportable positions on or before the date calendar year?  attach Schedule VIII.	r a dependent child receive any sements for travel in the reporting Yes 35 from one source)?	r a dependent child receive any ng period (i.e., aggregating more e exempt)? h Schedule VI.		mination Date: against anyone who files more than 30 days late.	A \$200 penalty shall be	2011 JUN 13 PM 4:27  2011 JUN 13 PM 4:27  2011 JUN 13 PM 4:27  (Office Use Only)		TAND DELIVERED
<u>₹</u>	No X	SNC	ind the sponse.	No X	No O	No X	No ⊠		es more than	be assessed	4: 27	35 CLaTe:	

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Page 2 ด้

# 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.

							Zeelund Christian School	Ontario County Board of Education	Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Keene State	Source
						•	Salary	Spouse Salary	Spouse Speech	Approved leaching Fee	Туре
							31, S&S	NA	\$1,000 \$1,000	\$6,000	Amount

SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Maine Will/om	Y Hwizenga	rage of
BLOCK A	ВГОСК В	BLOCK C		BLOCK E
Asset and/or income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1 000 at	Indicate value of asset at close of	Check all columns that apply. For	For retirement accounts that do not allow	Indicate if the
the end of the reporting period, and (t) any other reportable asset or sources of income which generated	reporting year. If you use a valuation method other than fair market value,	you to choose specific investments or that menerate tax-deferred income	that generate tax-deferred income (such as 401/k) plans or IRAs) you may check	asset had purchases (P),
more than \$200 in "unearned" income during the year.	please specify the method used.	(such as 401(k) plans or IRAs), you may check the "None" column	the "None" column. For all other assets, indicate the category of income by	sales (S), or
Provide complete names of stocks and mutual funds (do not use ticker symbols.)		Dividends, interest, and capital	checking the appropriate box below.	exchanges (E)
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	year and is included only because it generated income, the value should be "None"	disclosed as income. Check "None" if the asset generated no income dur-	even if reinvested, must be disclosed as income. Check "None" if no income	\$1,000 in
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	Noite.	ing the reporting period.	was earned or generated.	reporting year.
the name of the institution holding the account and its value at the end of the reporting period.	B C D III III G X II I		##	If only a
For rental or other real property held for investment, provide a complete address.		me)	-	asset is sold,
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.		r Farm Inco		please indicate as follows: (S) (partial)
<b>Exclude:</b> Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving	0 0 000 0,000		000	See below for example.
from, a federal retirement program, including the Thrift Savings Plan.	0,000 00,00 250,0 500,0 1,000 \$5,0 \$25,0	ELINE f Inco	000 000 0,000 0,000 1,000	סד. מ
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.	\$1,000 01 - \$15 001 - \$5 001 - \$5 0,001 - \$ 0,001 - \$ 00,001 - 00,001 - 000,001	DENDS: IT EREST ITAL GA EPTED/I	\$200 01 - \$1,00 01 - \$2,0 01 - \$5,0 01 - \$15 001 - \$1 0,001 - \$1 0,001 - \$1 0,001 - \$1	m Ş
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	\$1,0 \$15, \$50, \$100 \$250 \$1,0 \$5,0 \$25,	REN INTI CAF EXC	\$20 \$1,0 \$2,5 \$5,0 \$15 \$50 \$10 \$1,0	
SP Mega Corp. Stock	×	×	×	S (partial)
DC, Examples: Simon & Schuster	Indefinite	Royalties	×	
JT 1st Bank of Paducah, KY Accounts	×	×		
57 Hurtharton Bank sourings	<b>X</b>	*		
BT Gentax Stock	×	*	*	l
Chase Book IRA	<b>×</b>	×	*	
SP Chase Bank IRA	×	*		
Pinco Fundo IRA	~	<b>X</b>	× .	
07 Johnson Controls Shock	<b>X</b>	×	*	

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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME 48 SP, 5 S PINCO アなま Riverband takeridge LIC Monday Bo Follows Cheditonia Tonget Retirement Asset and/or Income Source LM B Book Enhanced BLOCK A (4d/ 15% Ŕ, > None XXX Ø \$1 - \$1,000 O \$1,001 - \$15,000  $\times \times$ O \$15,001 - \$50,000 Value of Asset E \$50,001 - \$100,000 Year-End BLOCK B Ť \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٠. \$5,000,001 - \$25,000,000  $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 NONE ×× X **DIVIDENDS** RENT XXX INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Name William Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None XXX === \$1 - \$200 (40) Amount of Income ≡ \$201 - \$1,000 7 \$1,001 - \$2,500 BLOCK D < Hulzengo \$2,501 - \$5,000 ≤ \$5,001 -- \$15,000 VII VIII \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 4 Transaction BLOCK E ரைவ 00

### SCHEDULE V— LIABILITIES

Name William P Husesmen

Page S of 6

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, paremt, 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. 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

9	<u>-1</u>		J D SP		
Hundington Bonk	Heudington Bounk	Example: First Bank of Wilmington, DE	Creditor		
	}	May 1998	Incurred Mo/Year	Liability	Data
Montgage - Residence	Line of Credit	Mortgage on 123 Main St., Dover, DE	Type of Liability		
^	X		\$10,001- \$15,000	×	
			\$15,001- \$50,000	8	
			\$100,000	ဂ	
×	<u> </u>	×	\$100,001- \$250,000 <b>\$250,00</b> 1-	ס	Amou
	-		\$500,000 \$500,001-	m	nt of L
			\$1,000,000	=	<b>Amount of Liability</b>
		1	<b>\$5,000,000</b> \$5,000,001-	G H	7
	-	-	\$25,000,000 <b>\$25,000,00</b> 1-		
		╂─	\$50,000,000 Over \$50,000,000	_	

#### **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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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.

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	Example:			
Source	Example: Mr. Joseph H. Smith, Anytown, Anystate			
Description	Silver Platter (determination on personal friendship received from Committee on Standards)			
Value	\$345			

### **SCHEDULE VIII—POSITIONS**

Name William P Hurzenger

Page of 6

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,

zations); 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 organi-

Position	Name of Organization
SodreM Swad	Michigan Rural Health Association - Lemsing
Secretary	Compuss Film Academy - Grand Rapids
Member	Zeeland Christian Endowment Board
officer	Huizensa Gravel Contomy Inc.
Member Panhar	Riverband LLC
Momber Partner	Lakesidae LLC

## 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
,	