EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because

Yes

<u>₹</u>

they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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.

								MARY NOLAN ILC	NOLAN INVESTMENTS	STATE OF MINNESOTA	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)		Keene State	Source
								REAL FORTH RANKED	REAL ESTATE COMMISSIONS	PENSION	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
		ì	٠	į	ļ	*	•	NA ·	00.6/8/1/	25.067.76	NA	\$1,000	\$9,000	\$6 DOD	Amount

Name
∇C
77

F
1.5
75
0
-
Ľ
-
12
12
12
15
□ ~

Page \sum of ${m 7}$

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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. 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

0			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2012	\$500
	•		
•			
	2.0		

=3	7	12	Şρ	4	Sf	្ន	Ŗ	SP,	tha the tior ince incoming according Sarah	교 등	ក្នុងភូក្	not Pro	m re the ca	
2	H	m-		70	20		Exa		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 (<i>unless</i> 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.	vide a complete address or a description, <i>e.g.</i> , "rental property," and a city and state. For an ownership interest in a privately-held business	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, pro-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	>
Conlo, Bonitaspoins Fla	8	53	Roth-JRA	River wood Book	SEA-2		Examples:		e nat pue nat pue nat pue nat pue nat lock pue nat durin 1000 c and durin feder plan pue	owne owne	RAs provide that	com	an \$2	BLOCK A Asset and/or Income Source
6	6	peries Funds	13-3Q1	¥	E P	┞	, is	SP	ublicture a A.	inship	and the the exce	olete r sym	tha the sset o	a 7∓
2	. 1	20	77	g	BH		G		y tra of its erso tion tion rep ses in rina tirem that that that cuss inst	addr ity ar	other	nam bols	asset fair r repo or so or so	Δ
12	<u>;</u>	100	* A		TRA 9 Volve	St B	imor	/lega	activ activ activ activ nal hom ortin ncial nent nent nent ruction incid	nd sta	r retinatue the r	∴ eg o	t hek mark rting virce virce	5 E
P.	S	77				Š	00	လူ	stat stat itties, eresid es (g pe es (g perso prog prog with with	in e a	reme for epor	fsto	of valued and the per valued and the per soft ed" in the per ed" i	BLOCK A
₹.	8 4	Tue On	Monar MADS (7		Pag	Simon & Schuster	Mega Corp. Stock	e the and and ence ence ence unles riod); and dicat yourse your check ence where your check ence your check ence where your check ence ence ence ence ence ence ence e	desc	nt plant pla	Жs a	inves lue e lod, incor	S >
<u>``</u>	Nissua MN	34	2	23		1st Bank of Paducah, KY Accounts	ē	ĕ	its go, inc. s the set the check any check included inclu	riptic	ans (ass hrest	<u>a</u>	and and when the du	e S
R	W	Š	Fuz.	23	12	₹			ne of sogral sograp sograp sograp sograp sograp sograp sograp sograp sograp sog	held a	such et h	utua	ring hich	2
•		*		经		8			if the phicology of seven was solved the	bus 🤄	as 4	t n	\$1,0 \$1,0 any gene the y	9))
				A		Saur			busi loca loca second rental aving aving Thrift in the nents nents	renta ines:	. pro #(€	do do	\$1,000 at any other generated the year.	
\vdash		<u> </u>			-	┢	-			» <u> </u>	· σ *			
					ļ	┢┈	5		None \$1 \$1,000	<u></u>	* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	
			×	******		t	Indefinite			n	e c	asse is in ne, th	arke v	
		×		X		ĺ	ŧ	П	\$15,001 - \$50,000	0	de jin	# KE M	. ×:⊏@	
	\times							×		ш	is f	set was sold during the reprincipled only because it the value should be "None."	e a se a	
		ļ			×	×	L		\$100,001 - \$250,000	Tì	or a lent	왕의	yal ass	BLOCK B Value of Asset
\cong		ļ				L	<u> </u>		\$250,001 <u>\$500,000</u>	മ	sset		asset at close of reporting valuation method other than please specify the method	BLOCK B
		ļ				L	-		\$500,001 - \$1,000,000	I	⊥ ਲ ਡ	be "l	et c	Ass B
\vdash		 				┡	L		\$1,000,001 - \$5,000,000		e ble	No le	lose neth ecify	ĕ
						┡	-	\sqcup	ψ3,000,001 φ23,000,000		šóle:	e, ≕ebo	<u></u>	
						L	┼		Ψ20,000,001 Ψ00,000,000	<u>~</u>	y bj	orting year generated	e meg	
						┡	├-	-	Over 400,000,000		y _o) ye	et to	
						L				≥				
						-	-		NONE		vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	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	
	$\overline{}$				-	_	-	×	DIVIDENDS		me. me. rate	and ()	me eme	_
	\frown	 				 	<u> </u>		RENT		vested, must be income. Check "No generated no inco eporting period.	င်း င်း	nt contract	BLOCK Type of In
						Ĥ	-	×	INTEREST CAPITAL GAINS		iod in sec	may Lemmay	dicco choo t ge	6. 0
		-				┢┈	-	\cap	EXCEPTED/BLIND TRUST		Nor -	∰ po	ns tunts	
									TAX-DEFERRED		disc me disc	s, ed ex	that spec spec te ta	come
							공				the durin	nds,	that apply. s that do specific inv ate tax-defe	æ
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		disclosed as ne" if the asset me during the	heck the "Tax- ividends, inter- ns, even if rein-	that apply. For s that do not s that do not specific investate tax-deferred 101(k) plans or	
						_	S						**	
			X	×	×	┢			A. A		* This column is assets held so dependent child.	e and	appr Non Non	
		Ú				┢	-				is contact	Cap	assi rred le" c cate	
						-		×		-	olum held	ose	ets olum gory	≥
	×									<u>-</u>	column is for held solely ent child.	d as		וסנ
区					-	×		H		≤	ely	s, ev	or all or	Int BLC
								П		≦	by in a	ğ e	y me this y	Int of In
							ļ —			≦ I	income g	frel C	S D D D D D D D D D D D D D D D D D D D	nc o
							×			×	* This column is for income general assets held solely by your spoudependent child.	nve:	chec nay naset sset che	BLOCK D
									\$1,000,001 - \$5,000,000	×	This column is for income generated by sets held solely by your spouse or spendent child.	and capital gains, even if reinvested, must be disclosed as income. Check "None" if	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 how below Dividends . Interest	W
						1 _	!	ΙŢ	Over \$5,000,000	×	ted se	ğ ə	. <u>Ұ</u> дор	
	_					L		Ш				_` <u>"</u> , ⊑ }	2 = 23 = 24	
	-			•					Spouse/DC Income over \$1,000,000*	¥	악		the the	
						F		S (r			 			BL. Tran
								S (partial)		If only a portion of	by year.			BLOCK E Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name RICHARD M. NOLAN

Page 5 of 7

SCHEDULE IV— TRANSACTIONS

Name Richard M. Nolan Page 6 of 7

										•	Example: Mega Corpor	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. * This column is for assets solely held by your spouse or dependent child.	income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	in a capital loss, Provide a prier description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your paragraph providence indicate it consists out to	
L													PURCH	IASE		Type of Transaction
											×		SALE			Type ansacti
L													EXCHA	NGE		ion
L													Check I Gain Ex			
									,		10-12-12		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
													\$1,001- \$15,000		>	
_	 		•	 							×	_	\$15,001- \$50,000		₩	
	 												\$50,001- \$100,000		ဂ	≥
												_	\$100,001- \$250,000		0	Amount
L							 			•	\Box	_	\$250,001- \$500,000		m	
	 							· · · · · · · · ·				;	\$500,001- \$1,000,000		וד	Trar
-	 											_	\$1,000,001- \$5,000,000		ត	of Transaction
L		:					 				\prod		\$5,000,001- \$25,000,000 \$25,00 0,00)	-	tion
L													\$25,000,000 \$50,000,000 Over			
_					İ						 $ \cdot $		\$50,000,000 Over \$1,000,00		_	
													(Spouse/DC As		<u> </u>	

SCHEDULE V— LIABILITIES

Name Richard M. Nolan

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 close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 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

		_		 	
į	SP, DC, JT				
		Example:			
	Cre				
	Creditor	First Bank of Wilmington, DE			
	Inc	Ма	:		
Яte	Liability Incurred Mo/Year	May 1998		,	
		Mortgage			
	Type of Liability	on 123 Ma			
	ability	Mortgage on 123 Main St., Dover, DE			
		ΙΠ			
	\$10,001- \$15,000				
	\$15,001- \$50,000				
	\$50,001- \$100,000				
	\$100,001- \$250,000	×			
E S	\$250,001- \$500,000 m				
할	\$500,001- \$1,000,000				
Amount of Liability	\$1,000,001- \$5,000,000	<u> </u>			
]	\$5,000,001- \$25,000,000 =				
	\$25,000,001- \$50,000,000				
	Over \$50,000,000	_			
Ц	Spouse/DC Liability Over \$1,000,000*				Ĺ

SCHEDULE VI— GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 _	_	_				
			President Birector	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Contract hates	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
				\$375	Value	

ame
$\tilde{\mathscr{X}}$
ch
050
8
3

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

spouse or dependent child that is totally independent of his or her relationship to you. 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

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
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
	:					
				:		
	٠.					
		:				

SCHEDULE VIII—POSITIONS

Name Richard M. Walen

Page 7 of 9

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	Name of Organization
President / Director	Central bakes College Foundation Brainer &MN (unpaid)
-	Mission Township Planning Committee Mission Two MN (unpaid)
Board of Directors	
•	0 - 11

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

			Date	
	j			
	•		Parties To	
li .			Г О	
	j ,			
 li g			Terms of Agreement	
			eement	