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Form A

UNITED STATES HOUSE OF REPRESENTATIVES

CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	E	For use by Members, officers, and employees	AUG 08 2013	3 2013	
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Name: Scott Gordon Perry	aytime	Daytime Telephone:		=======================================	7
L			(Office	(Office Use Only)	
Filer Member of the U.S. State: 1911 Status House of Representatives District: 0	Officer or Employee	or Employing Office:	A \$200 penalty shall be assessed	/ shall be	assessed
Report Annual (May 15, 2013) Amendment		Termination Date:	30 days late.	WillO mes	niore man
PRELIMINARY INFORMATION — ANSWER EACH O	OF THESE	E QUESTIONS			i
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** Yes** **Income (e.g., salaries or fees) f	No 🔲	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	No.
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.	N _o	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.	aceive any he reporting	Yes	⊠ S
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.	□ No.	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.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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.	No.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		es Es	₹
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.		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	nust be answ ed for each "Y	ered and 'es" resp	the onse.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	INFOR	INFORMATION — ANSWER EACH OF THESE QUESTIONS	FTHESE QU	ESTION	S
IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	ic Offering?			Yes	ĕ ⊠
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?	n Ethics an	d certain other "excepted trusts" need not be discild?]	Yes	₹ X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, tran consulted v	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.		Yes	₹

SCHEDULE I—EARNED INCOME

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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) 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.

Source	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
Commonweath of Pennsylvania, (salary rendered)		12,190,61
Golden Living I Aegis Therapies	Salary	N A
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g SP. income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the please refer to the instruction booklet. For a detailed discussion of Schedule III requirements optional column on the far left. If you so choose, you may indicate that an asset or Savings Plan. from, a federal retirement program, including the Thritt ing \$5,000 or less in a personal checking or saving Exclude: Your personal residence, including second tion in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business property," and a city and state. Provide complete names of stocks and mutual funds (do the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Members First Credit

Members First Credit

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Rennsylvania Stat Employee accounts; and any financial interest in, or income derived income during the reporting period); any deposits total-For rental or other real property held for investment, proaccount that exceeds the reporting thresholds. plans) provide the value for each asset held in the For all IRAs and other retirement plans (such as 401(k) not use ticker symbols.) more than \$200 in "unearned" income during the year. Identify (a) each asset held for investment or production nomes and vacation homes (unless there was rental ness, the nature of its activities, and its geographic locavide a complete address or a description, e.g., "rental reportable asset or sources of income which generated Examples: Residential religious property Residential rental Asset and/or Income Source Harrisburg Kement System Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY Accounts 33 John Mily spouse or dependent child. and is included only because it generated income, the value should be "None." If an asset was sold during the reporting year used. fair market value, please specify the method year. If you use a valuation method other than \triangleright Indicate value of asset at close of reporting None This column is for assets held solely by your æ \$1 - \$1,000Indefinite \$1,001 - \$15,000 O 0 \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 71 \$100,001 - \$250,000 BLOCKB Q \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 _ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000 Deferred" column. Dividends, inter-[IRAs), you may check the "Taxallow you to choose specific invest-Check all columns that apply. For NONE Income. Check "None" if the asset vested, must be disclosed as retirement accounts that do not generated no income during the est, and capital gains, even if reinincome (such as 401(k) plans or ments or that generate tax-deterred reporting period. **DIVIDENDS** Type of Income RENT × INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Hoyallies Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None assets held solely by your spouse * This column is for income generated no income was earned or generated. appropriate box below. Dividends, interest be disclosed as income. Check "None" if and capital gains, even if reinvested, must the category of income by checking the Deferred" in Block C, you may check the For assets for which you checked "Tax-"None" column. For all other assets, indicate aependent child. \$1 - \$200= \$201 - \$1,000 ≖ Amount of Income \$1,001 - \$2,500 × ₹ \$2,501 - \$5,000 < BLOCK D \$5,001 - \$15,000 ≤ × \$15,001 - \$50,000 ≦ ≦ \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\mathbf{x}}$ \$1,000,001 - \$5,000,000 × Over \$5,000,000 × 승 옵 ¥ Spouse/DC Income over \$1,000,000* reporting year. \$1,000 in (E) exceeding or exchanges (P), sales (S) purchases asset had Indicate if the fransaction portion of BLOCK E 흕 (S) (partial) indicate as sold, pieasi an asset is for exam-See below follows: fonly a (partial) ரை ஆ

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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 \exists 8 SP. Asset and/or income Source had 500 Index decilians-sp STOCKME ⋗ None 8 \$1 - \$1,000 O \$1,001 - \$15,000 U \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 മ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 حــ \$5,000,001 -- \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** RENT of Income BLOCK C INTEREST Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None 1 - 200Amount of Income XI III V V V V VI VIII X \$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 Spouse/DC Income over \$1,000,000* **Fransaction BLOCK E** ச. ல ப

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SCHEDULE V— LIABILITIES

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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 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

Second Creditor		T	Γ		Γ		-
## Amount of Liability Date Liability Liability Liability Liability Liability Liability A B C D m F G G H			} }			T DS.	
## Amount of Liability Continuing Contin	Member Member	Hou	SWITTL	seter	Example:		
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123 Main St. Dover, De 123 Main St. Dover, De 123 Main St. Dover, De 125 Mar 1		Septable	Janaa	ECCENON	May 1998	Liability Incurred Mo/Year	Date
\$15,000 \$15,001- \$50,000 \$60,001- \$100,000 \$100,000 \$250,000 \$250,000 \$\$500,001- \$1,000,000 \$1,000,000 \$\$5,000,000- \$\$5,000,000- \$25,000,000- \$25,000,000- \$\$50,000,000- \$\$50,000,000- \$\$50,000,000- \$\$50,000,000-		T O	al Property	g _i P	Mortgage on 123 Main St., Dover, DE	Type of Liability	
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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 \$140 or less need not be added towards the \$350 disclosure threshold. 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.

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

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

SCHEDULE VIII—POSITIONS

Name Scottbordon Perry

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Secretary Treasurer	Servetary Treasurer Hydrotech Hechanical Services, Inc

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	Parties To	