EXEMPTION —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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for e	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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 With an outside entity? 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 V No III IV. Did you hold any reportable positions on or before the date of filing 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	Status Cardonate for the Charles Char		Name: Arthur L. Halybrson Daytime Telephone:		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,2512①たまなんろり、2513For use by candidates and new employees
endent child Yes	be Y es	THESE QUESTION	ule attached for each "Yes" response.	,000 from Yes	gement Yes	wo years? Yes		A \$200 penalty shall be against any individual more than 30 days late.	(Office Use Only)	S.S. HOUSE OF REFERENCE	OFFICE OF THE CLERK	LEGISLATIVE RESOURCE DENTER 7
№	\ <u>₹</u>	S		₹ <	₹ [<]	N _S		who files		2	ERK	DESPIE OF 7

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Arthur Halvbosus

Page 2 of 7

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.

Exclude: Itilidaly bay (over as italician Casis of Tooch to ba) // occide to monthly programmy are and		Amount	unt
Source (include date of receipt for honoraria)	iype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	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	*
Starbucks Charleston, SC	Dep, Child Salary	N/A	M/B
Bedford County Ambulance Bedford PH	Spowse Splany	ه/⁄⊅	<i>₱,</i> 300
	1	•	,

Old Hactis	IT H932 Burnley Drive	JT 3269 Breckenidae	USAA Life Insucance	٦.	PNC Bank Accounts		Examples:	SP, SP Mega Corp. Stock	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 federal retirement program, including the Thrift Savings Plan. If you so choose, your may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is Johnty held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	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 resi property held for investment, provide a complete address or a description, e.g., "rental property" and the rifty and state.	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.	Asset and/or income Source	BLOCK A
X BASES	X Cust	X E ASTS	×	*	×	×	indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	ABCDEFGHIJKLM	tr generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.		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.	Value of Asset	ВГОСК В
×	×	×		×	*	×	Royalina	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		If reinvested, must be dis- closed as income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even	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(f))	Type of Income	BLOCK C
×	× × ×	×	×	× ×	×		X	X	None	Current Year Preceding Year	spc			Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continu	Continuation Sheet (if needed)		•	Name Arthur L. Halvorson Page 4 of 7
	BLOCK A	вгоск в	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
S.		A B C D E F G H I J K L	у: ө.д.,	Current Year Preceding Year
=		00	Specif	X
		000	RUS	0
8		50,000 100,000 \$250,000 \$500,000 \$1,000,00 - \$5,000, - \$25,000 - \$50,00	INS BLIND TI RED of Incom	000 000 000 0,000 0,000 0,000,000 \$5,000,000 00 000 000 000 0,000
		None \$1 - \$1,000 \$1,001 - \$1 \$15,001 - \$ \$50,001 - \$ \$100,001 - \$250,001 - \$1,000,001 \$5,000,001 \$25,000,001 Over \$50,000	Spouse/DC / NONE DIVIDENDS RENT INTEREST CAPITAL G. EXCEPTED TAX-DEFER Other Type Partnership	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,6 \$5,001 - \$15 \$15,001 - \$1 \$100,001 - \$ \$1,000,001 - Over \$5,000, Spouse/DC Incom None \$1 - \$200 \$201 - \$1,00 \$2,501 - \$5,6 \$5,001 - \$1 \$15,001 - \$5 \$50,001 - \$1 \$15,001 - \$5
4	Renter Temple Hills, MD 4400/4410 Stamp Rd	X Coto	λ	X
4	Rental TempleHills, MD 3611 Branch Ave.	7 COST	x	<i>X</i>
딕	Rental Temple Hills, MD	X	×	× × ×
9	REATED BOKE, HA	X	×	× ×
	3940 Island Drive		*	× ×
	Rental Charleston, SC.	X ASST	×	× × ×
	Rental Charleston SC	X	×	×
	esta 4	×	×	X
	Rental Uportston, SC-	X SAST	X	*
4	rown Ban		*	
	to an to Taxpayers	×	×	*
III a	Rental Portsmith, VA	N. Cost	X	X
	ACCEDERTHES, Atlanta, SA	×	*	×

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SCHEDULE III — LIABILITIES

Name Arthur L. Halvingsin

Page 5 of 1

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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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. ture, 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-

								Amou	int of	Amount of Liability	Ŧ			
3 <u>.</u> 8		Date Liability		>		ဂ	O	m						* *
JT JT	Creditor	Incurred mo/year	type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001 \$250,000	\$250,001 \$500,000 \$500,001	\$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000 \$25,000,001	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE						L					
7	HSBC, NewYork, NY	دريد (ه)	6 2000 Mortage Rive, MD					×						
4	Citi Modosce Columbus DH	DH 6/1988	Mta 4932 Proceded, Williandware, VA				\succeq							
4	ank. Columbia mc	1/200g	mfg 2700 Old Neatford											
4	Washindon 1st Chantilly VA	11 2004	mets 4400/4410 Stamp Road							\times				
4	Washington 1st Chartly VA	1/2006	Temple Hills, MD							\succeq		<u> </u>		

SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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);

and positions solely of an individity nations	ATOLO.
Position	Name of Organization
Proprietus Bedfood, PB A A P Properties	Ale Properties
Properties Bedford, PA Plant Properties	PhA Properties
Proprietor, Bedford, PA	APPA Properties
Proprietix Bedford PA PAAP Properties	PAAP Properties

SCHEDULE III — LIABILITIES

Name Arthur L. Halvorsus

Page Lo of 7

ture, 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 previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

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S.P.		Date Llability		>	₩.	င	- E		ି ଜ				
٦Ŗ	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000 \$50,001—	\$100,000	\$100,001— \$250,000 \$250,001—	\$500,000 \$500,001—	\$1,000,000 \$1,000,001—	\$5,000,000 \$5,000,001—	\$25,000,000 \$25,000,001- \$50,000,000	\$50,000,000 Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\vdash									
4	Virginia Heritage Book Chartilly	3)2008	Temple Hills MD				×						
4	₽_	7)2006	Make IA		,, <u>.</u>	×							
	Bank & America, Similalley, CA	0A 2 /2005	Mtg 3940 Island Drive										Į
	Center, Ewing, NJ	7/2004	Marieston, SC		ļ		×						l
	Dins, IA	अव्यव्यक्षि इ	Charleston, SC				Ě		-				ı

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

 	 		_	_
			Position	and positions solely of an honorary nature.
		SEE PAGE 5	Name of Organization	eture.

SCHEDULE III - LIABILITIES

Name Arthur L. Helvorson

Page 7 of 7

ture, 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 previous 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 during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

								Amou NomA	nt of	Amount of Liability	₹			
P, S		Date Liability		٧	В	ဂ	0	m		Q	۰ -			
٦Ŗ	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001 \$250,000 \$250,001	\$500,000 \$500,001	\$1,000,000 \$1,000,001—	\$5,000,000 \$5,000,001—	\$25,000,000 \$25,000,001	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE									Н		
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	Center Ewine WT	7 2000	Charleston, SC, America Street				<u> </u>							
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	Wells Forgo Athans, 69A	1 CAC P	HELDS 102 East America Street				×							
	Wells Forges, Athens, GAR	3/2003	Portsmoush, VA				×							

SCHEDULE IV - POSITIONS

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

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		SE PAGE 5	Name of Organization	ature.