EGISLATIVE RESOURCE CENTER

	g T	child because	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	l" income, transtrat consulted v	assels, "uncarno unless you have f	EXEMPTION—Have you excluded from this report any other assets, "uncarned" 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.
- <del>8</del> ⊠	Yes	sclosed. Have you	d certain other "excepted trusts" need not be dis	on Ethics and dependent chi	by the Committer, your spause, or	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 banefiting you, your spouse, or depandent child?
SNC	UESTIC	F THESE G	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
nd the sponse.	wered al	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S <sub>S</sub>	Yes X	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.
] No	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	Yes	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 🔀	Yes	or before the date	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.	N <sub>S</sub>	xin Yes ⊠	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 aftech Schedule III.
	X <sub>0</sub> 8	d receive any in the reporting e)?		No No	Yes	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.
] No 🔀	Yes	receive any Jregating more	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.	S S	7 Yes X	I. Did you or your spouse have "earned" income (e.g., salanss or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
			OF THESE QUESTIONS	OF THES	ANSWER EACH	PRELIMINARY INFORMATION — ANSW
he assessed is more than	alty shall t me who file	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: e Termination Date:	Officer or Employee	Amendment	Status Member of the U.S. State: 4.6 Status House of Representatives District:
OF REPRESS TATIVES  ELIVERED  B Use Only	US. HOUSE OF REPRESENTATIVES  ID DELIVERED  Office Use Only)	HAND I	Daytime Telephone: プロアーネル・ラヤッチ	Daytime ]		Name: Robert Told Schilling
16 PH 3: 11	2011 MAY 16 PH 3: 11	2011	Form A For use by Members, officers, and employees	MENT	TATIVES SURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

# 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 catendar 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.

Name

Schlitting

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							SHINT CHEEPE TWO	Ontario County Board of Education	Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source
							SALARY	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
				-			1750. co	NA	\$1,000	\$9,000	\$6.000	Amount

For payments to charity in lieu of honoraria, use Schedule II.

For additional assets and unearned income, use next page

### SCHEDULE III—ASSETS AND "UNEARNED" INCOME R ¥ identify (a) each asset held for investment or production of income with a fair market value exceeding to non-If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent income during the reporting period); any deposits total-ing \$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 For an ownership interest in a privately-held business that is not publicly leaded, state the name of the busichild (DC), or is jointly held with your apouse (JT), in the For rental or other real property held for investment, pro-vide a complete address. plant) that are self-directed (i.e., plants in which you have the power, even if not exercised, to select the specific nat use ticker symbols. Provide complete names of stocks and mutual funds (do more than \$200 in "cheamed" income during the year. the end of the reporting penoti, and (b) please refer to the instruction booklat. For a detailed discussion of Schedute III requirements optional column on the far left. nomes and vacation homes (unless there was rental Exclude: Your personal residence, tion in Black A. ness, the nature of its activities, and its geographic locavalue at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the For all IRAs and other retrament plans (such as 401 [k] reportable asset or sources of income which generated Examples: STOCKTON MO. HIGHIGHT BUILDING 6 DWALD JONES Asset and/or Income Source CBB4 9 犃 GINSISPAC INIC Schurinb for Congres Simon & Schuster Mega Corp. Stock ist Bank of Photocals, BLOCK A including L BAL KY Accounts any other Second 3 None method other than tair market value, generated income, the value should be year and is included only because it please specify the method used. reporting year. If you use a valuation indicate value of asset at close "None." If an asset was sold during the reporting (1) Indefinite \$1 - \$1,000 Ö \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 **BLOCK B** Щ \$100.001 - \$250,000 ø \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \_ \$5,000,001 ~ \$25,000,000 \$25,000,001 - \$50,000,000 ᄌ 9 Over \$50,000,000 NONE Check all columns that apply. poned funnodes eus fu if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital may check the "None" that generate tax-deferred income you to choose specific investments or (such as 401(k) plans of IRAs), you retirement accounts that do not allow × DIVIDENDS RENT Type of income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST Hame Royalties Other Type of Income column (Specify: e.g., Partnership Income or Farm Income) Š None as income. Check "None" if no income even if reinvested, must be disclosed Dividends, interest, and capital gains, the "None" column. For all other assets, you to choose specific investments or that generate tax-deforred income (such checking the appropriate box below. indicate the category of as 401(k) plans or IRAs), you may check was earned or generated For retirement accounts that do not allow \$1 - \$200 = ≡ \$201 - \$1,000 Amount of Income ₹ \$1,001 - \$2,500 ~ BLOCK D \$2,501 - \$5,000 S \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ž \$50,001 - \$100,000 FINCOMINE FINCOMINE × $\mathbf{x}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ਠ Over \$5,000,000 Page 3 \$1,000 in exchanges (E) purchases (P) portion of an asset had Indicate if the as follows: please indicate asset is sold. exceeding sales (S), or fransaction example. See below for E orty B reporting year (S) (partial) BYSOCK IL S (partial) PARTIE Ġ ġ m to m びおよ

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# SCHEDULE IV- TRANSACTIONS

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				EDWARD JONES MUNRY MARKET	Asset  Example: Mega Corporation Common Stock (partial sale)	resulted if a capital loss, Floride a unit description of any countrilly can action. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income, if only a partition of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gabbs — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this moome on Schedule III.	Report any purchase, sale, or exchange transactions by you your spouse, or dependent child during the reporting period of any security or real property below investment that exceeded \$1,000. Include transactions that the property had been exchange transactions.
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## SCHEDULE V— LIABILITIES

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. 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, parent, or sibling of you or your spouse. Report revolving of the process of the process application of the process of the

Name

Page 6 of 8

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	BLACKHAWY BANK& TRUST De 2010 PERSONAL	SALIE MAE	BLACKINWK BANK & TICUST	Example: First Bank of Wilmington, DE	Creditor		<b>charge accounts (i.e., credit cards) only if the balance at the close of the preceding catendar year ex</b>
	De 2010	2006	1007 Per	May 1998	Liability Incurred Mo/Year		he close of the
	PERSONAL	STUBENT LOAN	Equipment land	Mortgage on 123 Main St., Dover, DE	Type of Liability		e preceding calendar year exceeded \$10,000.
			X		\$10,001- \$15,000		•
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					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

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

Use additional sheets if more space is required.

# SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by 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 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 or were paid by you and reimbursed by the sponsor.

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

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

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			examples.													
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SCHEDULE VIII—POSITIONS 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 organi-

		DUNEAL DESINA	Position	zations); and positions solely of an honorary nature.
		SAINT GIUSEPPE FNC.	Name of Organization	onorary nature.

# 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 arrangement service; continuing the period of services are service; continuing participation in an arrangement service; continuing participation in an arrangement service; continuing the period of services are service; continuing participation in an arrangement service; continuing participation in a service service service servi employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
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