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§ 7	Se Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans	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.
S S	re you Yes	d certain other "excepted trusts" need not be disclosed. Have you iid?	on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S Z	Yes		blic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
S	E QUESTION	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	answered and ach "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	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.
§ [7]	t with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S	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.
8	date Yes	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.		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.
S S	ing Yes	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.	<u>Z</u>	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.
§ 7	re Yes	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.	N _S	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 If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
	late.	Termination Date:		Type Annual (May 15, 2013) Amendment
assessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Status Member of the U.S. State: Wyorning House of Representatives District: At Large.
	(Office Use Only)			
## 10: 33	MC 2813 E.T. 17 E.T. 10: 33	Daytime Telephone:	Daytime T	Name: Cynthia M. Lummis
ERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Ön	
Civil War Roundtable (Oct. 2nd)		\$1,000
Ontario County Board of Education	Spouse Salary	
Alvin Wiederspahn, J.D., P.C.	Spouse salary	Z

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	M. Lummis Page 3 of 9
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SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 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.

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Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
Exemples: XYZ Magazine	Article	Aug. 13, 2012	\$500
-none -			

	starred Corop	Wheatland Whom a	'حج ''	Obevenne , Wyo, The.	hya lama	-	Chespine, Wyo	ই ব	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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 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 lointly 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.	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	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.		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 "unearmed" income during the year.	Asset and/or income Source	BLOCK A
For additional assets and unaarned income, use next page.	Act. X	×	*	×				×	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 - \$5,000,000 \$5,000,001 - \$50,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 Spouse/DC Asset over \$1,000,000°	>		 This column is for assets held solely by your spouse or dependent child. 	if an asser was soid curing 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.	Value of Asset	BLOCK B
	X 457 pk	cattle	X Stock	X contre	X Corp		distr	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership income or Farm Inc	oome)	reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-		Type of income	BLOCK C
	5 x	X	X	X			'	X		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$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*			This column is for income generated by assets held solely by your apouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was sarried or generated.	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 box below. Dividends, internal.	Amount of income	BLOCK D
										S (pertial)	(S) (parrial) See below for exam- ple. P, S, E	portion of an asset is sold, please indicate as	If only a		\$1,000 in reporting	asset had purchasse (P), spike (S), or exchanges (E) acchanges	Transaction	BLOCK E

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Cypthia M. Lummis Page 5 or 9

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																				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
			X		X		$ _{X}$	X	X				X				X		X	None -	
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			\square											L						Over \$5,000,000	
					_ _															Spouse/DC Income over \$1,000,000° \(\begin{array}{c}arr	
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* Investment partnership not self-directed

(all cap), Laramie, Wyoming

SCHEDULE IV- TRANSACTIONS

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					_									PURCH			
													×	SALE		Type of Transaction	
														EXCHA	NGE	9	
														Check E Gain Ex	lox if Capita ceeded \$20	il 10	
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SCHEDULE V- LIABILITIES

Name Cynthia M. Lummis

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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 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

		,					ş	Amount of Liability	Ē	₹			1
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٦Ö.	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	Spouss/DC Liability Over \$1,000,000*
, ,	Example: First Bank of Wilmington, DE	May 1996	Mortgage on 123 Main St., Dover, DE				×						
77	Wells Farga, 30 yr fixed @ 4.75% Jan-2009 Who on pers. resident	Jan-		Ŕ				X					
SP	Timethy Barden, Steamboot Springer Colorado, 20 yr tixed @ 10,50%	Nov.	Nov 2004 Bank Share Durchose					X					
	d 1 - 1												
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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	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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.

Source	Dete(s)	City of Departure—Destination— City of Return	(V/N) Sequence	Food? (YM)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at aponeor's expense
	Mar. 2	DCChicagoDC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	~	2 Days
Embassy of Norway	Feb. 19-23	DC-Osla-DC	У	Y	Z	Nane
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SCHEDULE VIII—POSITIONS

Name Cynthia M. Lummis man 2 or 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
Officery Director	Arot Hammand Hardware Co., Chevenne, Winning (for broth
(un compensated)	0

SCHEDULE IX—AGREEMENTS

employee welfare or benefft 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	Terms of Agreement
	none	
-		