

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

 Form A  
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

**HAND DELIVERED**
Name: William P. HuizengaDaytime Telephone: 202-225-4401
 RECEIVED BY THE CLERK  
 OFFICE OF REPRESENTATIVES  
 (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Michigan</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**
**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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?

 Yes ☐ No ☒

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.

 Yes ☐ No ☒

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[illegible]

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name William P. Hutzenga

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income											BLOCK E Transaction
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 source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.)		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.													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 IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.								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, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account, and its value at the end of the reporting period.		If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."																																
For rental or other real property held for investment, provide a complete address.																																		
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.																																		
<b>Exclude:</b> 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 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.																																		
SP	SP																																	
DC, Examples:	Simon & Schuster																																	
JT	1st Bank of Paducah, KY Accounts																																	
ST	Huntington Bank Savings																																	
ST	Center Stock																																	
	Chase Bank IRA																																	
SP	Chase Bank IRA																																	
	Pineco Funds IRA																																	
ST	Simon Controls Stock																																	

## Continuation Sheet (if needed)

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP, DC, JT	A None B \$1 - \$1,000 C \$1,001 - \$15,000 D \$15,001 - \$50,000 E \$50,001 - \$100,000 F \$100,001 - \$250,000 G \$250,001 - \$500,000 H \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 J \$5,000,001 - \$25,000,000 K \$25,000,001 - \$50,000,000 L Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None II \$1 - \$200 III \$201 - \$1,000 IV \$1,001 - \$2,500 V \$2,501 - \$5,000 VI \$5,001 - \$15,000 VII \$15,001 - \$50,000 VIII \$50,001 - \$100,000 IX \$100,001 - \$1,000,000 X \$1,000,001 - \$5,000,000 XI Over \$5,000,000	P, S, E
SP Prince Funds IRA	X	X	X	
Federal Credit Union	X			
Tanger Outfitters - 401k	X	X		
Hold Enhanced - 401k	X	X		
Mitzenberg General Inc. 80%	X			
Riverbend LLC - 50%	X			
Lakeview LLC - 15%	X			
		S corporation		
		Partnership		
		Real Estate		
		Investment Property		

# SCHEDULE V— LIABILITIES

Name William P. Huizenga

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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. **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 charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$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	
27	Huntington Bank		Line of Credit	X										
27	Huntington Bank		Mortgage - Residence				X							

# 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.

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

# **SCHEDULE VIII—POSITIONS**

Name William P Huizenga

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**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
Officer	Huizenga Gravel Company Inc.
Member / Partner	Riverbend LLC
Member / Partner	Lakeside LLC

# **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 employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement