hild Yes ☐ No ☑	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.	sets, "unearned" in Do not answer "ye	Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first	Exemptions-	
Yes No 🗸	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?	ved by the Committe letails of such a trus	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your sp	Trusts	
Yes No 🗸	al Public Offering?	as a part of an Initi	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO	
SE QUESTIONS	INFORMATION ANSWER EACH OF THESE QUESTIONS	OR TRUST I	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	IPO and EXCLU	۱₩
	_		If yes, complete and attach Schedule V.	If yes, complete ar	Γ
l and the appropriate	Each question in this part must be answered and the appropriate	¥ ≰ 8 8 □	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 IX.	!	if yes, complete and attach Schedule IV.	If yes, complete ar	
outside Yes V No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting		
	If yes, complete and attach Schedule VIII.	İ	If yes, complete and attach Schedule III.	If yes, complete ar	İ
ling in the Yes No V	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	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?		Ę.
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If yes, complete ar	
han \$350 Yes V No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No V	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 VI.		If yes, complete and attach Schedule I.	If yes, complete ar	İ
therwise Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes V No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or your spou or more from any sou	
	QUESTIONS	OF THESE Q	NFORMATION ANSWER EACH OF THESE	PRELIMINARY INFORMATION	P
late.	ion	☐ Termination	Annual (May 15)	(K)	
more than 30 days	Termination Date:				Ţ
be assessed against	Employee		House of Representatives District: 01	o n	
A \$200 penalty shall	Officer Or Employing Office:	2 🗆 🗀	Member of the U.S. State: UT	Filer 🗸	
(Office Use Only)	(Daytime Telephone)		(Full Name)		
15 FM 5: 21 MC			Robert William Bishop		
DELIVERED	FORM A For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	JNITED STA	
HAZC		1 × T × 1 × 0	יייי ייייייייייייייייייייייייייייייייי	<i>></i> [7 7 7 7 7

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

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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) totaling \$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.

\$1,000.		
Source	Туре	Amount
Utah State Retirement System	Educator Pension	\$29,275.75

JT	JT	If you so choose, yo spouse (SP) or dep optional column on For a detailed discu- instruction booklet.	Exclude: Your p (unless there w \$5,000 or less in in, or income do Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or ot a description, e	For all IRAs and each asset held	Provide comple	value exceedin reportable asse "unearmed" inc	Ass Identify (a) each	
Invesco Large Cap Growth Fund	America First CU Accounts Box 9199, Ogden, UT 84409	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.	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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 dentify (a) each asset held for investment or production of income with a fair market	BLOCK A
\$1,001 - \$15,000	\$15,001 \$50,000		or dep	yalue s	the rep	specify	you us	indicat	<u>۔۔۔</u> د <u>د</u>	
)01 - ,000	\$15,001 - \$50,000		or dependent child.	generated (ncome, the value should be "None." 'This column is for assets bald solely by your spouse bald solely by your spouse.	if an asset was sold during the reporting year and is included only because it	specify the method used.	you use a valuation method other than fair	Indicate value of asset at close of reporting year. If	Year-End	BLOCK B
DIVIDENDS/CAPI TAL GAINS (non- directed)	INTEREST			annig aw isonad water.	reinvested, must be disclosed as income. Check "None" if the asset generated no income that the proof of the second secon	column. Dividends, interest, and capital gains, even if	generate tax-deterred income (such as 401(k) plans or IRAs),	For retirement accounts that do not allow you to choose specific investments or that	Type of Income Check all columns that apply.	BLOCK C
\$201 - \$1,000	\$1 - \$200			generated by assets held solely by your spouse or dependent child.	"Norte" if no income was earned or generated.	gains, even if reinvested, must be disclosed as income. Check	the appropriate box below. Obtained Interest and capital	"Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Amount of Income For assets for which you checked	BLOCK D
							reporting year.	had purchases (P), sales (S), or exchanges (E)	Transaction Indicate if asset	BLOCK E

SCHEDULE V - LIABILITIES

Name Robert William Bishop

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owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: 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 for liabilities held solely by your spouse or dependent child. 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 Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; 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. *This column is

	SP, DC,
America First Credit Union	Creditor
Jun 2006	Date Liability Incurred
Home Equity Line on personal residence	Type of Liability
\$50,001 - \$100,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Heritage Foundation Jan 25-27 DC-Philadelphia-DC Y Y N 0 German Marshall Fund of Jan 28-31 DC-Delray FL-DC Y Y N 0	Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member included? (Y/N) (Y/N)	Days not at sponsor's expense
nd of Jan 28-31 DC-Delray FL-DC Y Y	Heritage Foundation	Jan 25-27	DC-Philadelphia-DC	~	~	Z	0
Bosch Stiftung	German Marshall Fund of the US & The Robert Bosch Stiffung	Jan 28-31	DC-Delray FL-DC	~	~	Z	0

SCHEDULE IX - AGREEMENTS

Name Robert William Bishop

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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.

emproyee werran	Bulbiolag Mendia of Mendia ham mannage a)	
Date	Parties To	Terms of Agreement
Dec 2002	Myself and the State of Utah Retirement	Continuing participation in retirement pension program as a former
	System	public school teacher