VE RESOURG N 23 AM N 25 AM N 25 AM N 26 AM N 2	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependence 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 dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EAC	Id have any reportable Yes No X appropriate	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.	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? Yes No VIII. Did you hold any reportable positions of filing in the current calendar year? If yes, complete and attach Schedule VIII.	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? No Seriod (worth more than \$350 from one source)? If yes, complete and attach Schedule II.	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 No 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.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Status Member of the U.S. State: M.D. Officer or Employing Office: Status House of Representatives District: Ola Employee Report Type Annual (May 15, 2012) Amendment Officer or Employing Office: Employee Fermination Date:	Name: Roscoe Gardner Bartlett Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES Form A CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees
Pes Page 1 E RESOURCE CENT 23 AM 11: 58 23 AM 11: 58 AM 11: 58 Tyes Am 1 be ass The Who files mon Yes N	a spouse or dependent child because thics.	not be disclosed. Have you	ACH OF THESE Q	s part must be answattached for each "	reportable agreement or arrangement with strach Schedule IX.	reportable positions on or before the date calendar year? attach Schedule VIII.	ndent child receive any for travel in the reporting one source)?	ndent child receive any d (i.e., aggregating more nt)? jule VI.			LEGISLATIV 2013 JAN U.S. NGUS	
	Yes No	Yes No	UESTIONS	wered and the Yes" respons	Yes 📈 No	Yes No	Yes No	Yes No	i	tty shall be ass ne who files mor	23 AM II: 58	ERED Post of 7

Name Roscoe Gardner Burtlett Page Q of

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
	Approved Teaching Fee	\$6,000
yland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech Spouse Salary	\$1,000 NA
y Applied Physics Lab Retire ment	Pension	\$855
Mi) State Retirement Sustem	Pension	\$19,126

	_	_	_		_	_				
Mount	•	Adress	opan olis	Deconontas County WV	CIC MD	11 S Project April to Co	Examples:	ş	the name of the institution holding the account and its value at the end of the reporting period. 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. 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 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.	BLOCK A Asset and/or Income Source 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. Provide complete names of stocks and mutual funds (do not use ticker symbols.) 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 retire-
		not assence X			×		Indelinite	×	None > \$1 - \$1,000 □ \$1,001 - \$15,000 □ \$15,001 - \$50,000 □ \$50,001 - \$100,000 □	BLOCK B Value of Asset Indicate value of asset at coreporting year. If you use a warmethod other than fair market please specify the method used of an asset was sold during the recyear and is included only becogenerated income, the value shadows."
 			X	X			\		\$100,001 - \$250,000	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	٠	×	×	<u>×</u>	. ×	1		×	NONE DIVIDENDS	Type of Inc Check all columns th retirement accounts tha you to choose specific i that generate tax-def (such as 401(k) plans may check the "Tax-Def Dividends, interest, gains, even if reinves disclosed as income. If the asset generated n ing the reporting period
×	×			7		 >	<		RENT	ment or cho
				Ì		1		1	INTEREST	BLOCK C BLOCK C I columns that ap and accounts that do noose specific investment tax-deferred and tax-defe
						T		×	CAPITAL GAINS	BLOCK Ce of Incolumns that counts that specific it is specific it is tax-deft (k) plans (K) plans (K) plans (Tax-Deft interest, if reinves income. Inc
									EXCEPTED/BLIND TRUST	DCK The control of t
						Т			TAX-DEFERRED	C C C C C C C C C C C C C C C C C C C
							noyalues	7 E	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income 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.
		.×	X	·>	4.5				None –	e in the S. P.
					\mathbb{L}				\$1 - \$200 =	r as ferre one" ap nve eres
						\int	\perp		\$201 - \$1,000 =	Al Sets Sets or colu
				ļ				×	\$1,001 - \$2,500	BLOC Amount c Amount c For assets for which Deferred" in Block C, "None" column. For a cate the category of the appropriate box interest, and capit reinvested, must income. Check "Non earned or generated
									\$2,501 – \$5,000 <	BLC white white white white white with the book of the
	X		<u> </u>	ļ		₽	<	_	\$5,001 – \$15,000 <u>≤</u>	BLOCK D Amount of In For assets for which you Deferred" in Block C, you "None" column. For all ott cate the category of incor the appropriate box bek interest, and capital creinvested, must be income. Check "None" if earned or generated.
į×				<u> </u>		4	-	∔_	\$15,001 - \$50,000 \leq	
<u> </u>				_	-	4	+	_	\$50,001 - \$100,000	I checked " I checked " I may check I may check I may check I may chec I checked " I may check I me by chec I checked I mo income I mo income
		<u> </u>		-		4	>	4-	\$100,001 - \$1,000,000	ked thec sets, sets, cher cher ever
				<u> </u>	ļ	4	1	∔-	\$1,000,001 – \$5,000,000 ×	"Tax-"Tax- k the k indi- cking cking cking ands, ands, was
<u> </u>			<u> </u>	<u> </u>	-	+	+	+	Over \$5,000,000 ≚	
								S (partial)	portion of portion of portion of portion of ansset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROCKE Back Page 4 of 7

														_							JT C, SF,		
				The latter was the state of the							ranklin, all	Stock-Medical Dynamics In	Putnam Bonds	rccious Metals	lot located near 10401 A	ed knox ville, mo	Pleasant rille TH	4317 Buckeystown Pike Frederick Mp	Freder TK IND	3518/nountain Ed S		Asset and/or Income Source	BLOCK A
П												1			-						None ➤		
					Ţ																\$1 - \$1,000		
												×	\mathbf{X}								\$1,001 - \$15,000		
															X	X					\$15,001 - \$50,000	\$	
											X										\$50,001 - \$100,000 m	<u>=</u> ×	<
							·		L								X		X	X	\$100,001 - \$250,000 TI	Year-End Value of Asset	BLOCK B
				<u></u>				L						X	<u> </u>						\$250,001 – \$500,000	Δ	1 옷
				$oxed{oxed}$	_				L			<u> </u>	<u> </u>								\$500,001 - \$1,000,000 工	SS	_ ω
				$oxed{oxed}$				 				<u> </u>		<u> </u>				X			\$1,000,001 - \$5,000,000	<u> </u>	
					\perp										<u> </u>						\$5,000,001 - \$25,000,000 -		
														<u> </u>							\$25,000,001 - \$50,000,000 ×		
																					Over \$50,000,000		
											Х	X] '	X	X	X					NONE		
		T														Ť					DIVIDENDS		
					\top				ļ				1			١.	X	X	X	X	RENT		
				T		1							X							7	INTEREST	0	
		<u> </u>		\top	1				Ι	Ť						<u> </u>					CAPITAL GAINS	1	, 문
				T	T																EXCEPTED/BLIND TRUST	Incor	BLOCK C
			T		1	\top							1								TAX-DEFERRED	Type of Income	C
																					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
	-	_		T	╁	+				-	X	X		X	×	X		-			None –		
	:			Ť										1	ļ						\$1 - \$200 ==	2	>
		İ	İ	Τ	1	\top						<u> </u>	X		1					П	\$201 - \$1,000 =	Amount of Income	
		1		Τ		1					T		1	1			X				\$1,001 - \$2,500 <	5	四
			1	ightharpoons	T	\dagger			1		T	1				<u> </u>	Γ,			П	\$2,501 – \$5,000 <	9	BLOCK
				T	T	\top				Τ	†				1		Г	Ì			\$5,001 − \$15,000 ≤	5	Š
		 	†	\top	Ť	\dagger					1		1	1	1	T		., -	\times	X	\$15,001 - \$50,000 \leq	Ö	}
				T	1	\top			<u> </u>	1	1				1			X	Т,		\$15,001 - \$50,000 \(\leq \) \(\leq \) \(\leq \)	Ę	}
				T	T	\top			1		1			1	1	İ	<u> </u>				\$100,001 - \$1,000,000 ×	10	
		1		T		\dagger			†		T			T		1	Г			П	\$1,000,001 - \$5,000,000 ×		
			†	T		\dagger				1	T			T	1	İ					Over \$5,000,000 ≚		
																	5				or, oʻn	Transaction	BLOCK E

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name Roscoe bardwer battett page 5

								HWY 438 SW 3207 Pleasanty, 1/e, TM	Example: Mega Corpor	SP, DC, JT Asset	Cate (<i>i.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate if "". "The providence is sold, please so indicate it is sold, please so indicate it is sold."	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
											PURCH	ASE		of Tra
								×	×		SALE			Type of Transaction
											EXCHANGE			tion
											Check Bo Gain Exce			•
								7/2012	10–12–11		Monthly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
											\$1,001- \$15,000		>	
									×		\$15,001- \$50,000		D	
											\$50,001- \$100,000		n	Amo
								X			\$100,001- \$250,000		0	Amount
											\$250,001- \$500,000		т	of Tr
										_	\$500,001- \$1,000,000 \$1,000,001	<u> </u>	П	Transaction
									Ц		\$5,000,000 \$5,000,000) 	<u> </u>	ectio
_											\$25,000,00	00		
									H	\dashv	\$50,000,00 Over	00	<u>-</u>	
Щ											\$50,000,00	00	_	

Name Ros coe baraner Bartlett Page 6 of 7

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

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.

Sustainable thepareaness Expo Examples: Sustainable Propareda Connecti in there was Chicago Chamber of Commerce to outox Roycroft Corporation Source 80100 Aug. 6–11 Date(s) Mar. 2 City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC balti morc France Sortaner Lodging? (Y/N) ≺ z (Y/N) z ≺: Was a Family Member Included? 3 z ~ Number of days <u>not</u> at sponsor's expense 2 Days pone None

SCHEDULE VIII—POSITIONS

Name
Roscoeba
coe
6a
dne
r B
ist
fe#
, TD

Page 7 of 7

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-

SCHEDULE IX—AGREEMENTS

employee welfare or benefit 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

_			_			
			তা	6		
			1987	1975	Date	
			5/1987 Myself - MD State Retirement System	6/1975 Myself & Johns Hopkins U. Applied Physics lab Metirement	Parties To	
		, , , , , , , , , , , , , , , , , , , ,		etirement Continued participation in Pension	Terms of Agreement	