	Yes □ No 【	t child Ethics.	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" ir ? Do not answer "y	Exemptions— 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	
	Yes 🗌 No 🗸	be	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?	wed by the Commit details of such a tru	Trusts- Details regarding "Qualified Blind Trusts" approduced from this report	
	NS	ESTION	ATION ANSWER EACH OF THESE QUESTIONS	JST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	EX
	onse.	'es" resp	appropriate schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	he	ed and ti	Each question in this part must be answered and the	Yes V No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	<u>.</u>
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
<u> </u>	Yes 🗸 No	an outside	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.		If yes, complete and attach Schedule III.	
	Yes No	of filling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V	Did you, your spouse, or a dependent child receive "unearmed" Income of more than \$200 in the reporting period or hold any reportable asset worth	F
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule Ⅱ.	
	or Yes ✔ No	rtable travel or e than \$350	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	Yes □ No ✔	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?	F
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	Yes ☐ No ☑	rtable gift in xt otherwise	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 exempts?	Yes 🗸 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?	-
			THESE QUESTIONS	OF	PRELIMINARY INFORMATION ANSWER EACH	PR
	more than 30 days late.	more late.	Termination Date:	☐ Termination	Report Type  Annual (May 15)  Amendment	_ 2
	be assessed against	be as	Employee		<b>(A</b>	<b>ω</b> .
THES	00 penalty shall	A \$20	Employing Office:		Filer Member of the U.S. State: NY	
	U.S. H. COMPAC USELONIAN	U.S. 1.1.00	(Daytime Telephone)		(Full Name)	
CENTER	2012 MAY 15 PH 4: 05	20121	2022252464		Eliot L Engel	•
	LEGISIATION CELEBORISM	LEGISI	FORM A  For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	S ⊏
アスパン	ラフロー	] > _				]

## SCHEDULE I - EARNED INCOME

Name Eliot L Engel

Page 2 of 6

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.

Source	Туре	Amount
United States Department of Agriculture	Spouse Salary	N/A

SCHEDU
后
=
- ASSETS
AND
"UNE
R
ED" I
NCOME

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Eliot L Engel	gel		Page 3 of 6
	BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
Asset a identify (a) each ass value exceeding \$1, reportable asset or "unearned" income Provide complete n For all IRAs and oth (i.e., plans in which ) investments), provide reporting threshold only the name of the reporting period.  For rental or other restate the name of the location in Block A.  Exclude: Your pers (unless there was re \$5,000 or less in a pin, or income derive Savings Plan.  If you so choose, you optional column on	Asset and/or income Source lidentify (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 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.  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 publically 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	Year-End 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 and is included only because it is generated income, the value should be "None."	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 "None" 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.	Amount of Income 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 "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 asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Congressional Federal Credit	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	E&J Realty Group, LLC, Bronx, NY (24% ownership)	\$100,001 - \$250,000	None	NONE	
	Israeli Bonds	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	State of New York	\$1,001 - \$15,000	Other: (Retirement Pension)	NONE	
	US Bonds	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
į	Wells Fargo	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

## **SCHEDULE V - LIABILITIES**

Name Eliot L Engel

Page 4 of 6

furniture, or appliances; 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 mortgates on personal residences. 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 all or part of it is rented out); loans secured by automobiles, household

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	2011	Visa Credit Card	\$50,001 - \$100,000
	Harry Bajraktari	Feb. 2011	Mortgage loan- Primary residence, NY	\$100,001 - \$250,000
JT	GMAC Mortgage	Sep. 2003	Mortgage loan- Washington area dwelling	\$500,001 - \$1,000,000
JT	Revere Bank	Oct. 2010	Line of Credit	\$100,001 - \$250,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eliot L Engel Page 5 of 6

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

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
American Israel Education Foundation	April 26- May 2	DC- Tel Aviv- DC	Υ	Υ	Υ	None
Alpha Epsilon Pi Fraternity	Aug. 8-14	DC- Fort Lauderdale- Orlando- DC	~	<b>~</b>	~	2 Days
Jewish Confederation of Ukraine	Sep. 30- Oct. 4	DC- Frankfurt- Kiev- Frankfort- DC	~	~	Z	None
National Albanian American Council	Nov. 9-14	NY- Vienna, Austria- Tirana, Albania- Prishtina, Kosova- Vienna, Austria- DC	~	~	Z	None

## SCHEDULE IX - AGREEMENTS

Name Eliot L Engel

Page 6 of 6

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 participation in an arrangement with respect to: future employment; a leave of absence during the period of government service; continuition or deferral terms of any agreement or current employer other than the U.S. Government; or continuing participation in an arrangement well are provided to the continuition of the period of the continuition of the continuition of the period of the continuition of the continuities of

State of New York Retirement Pension	employee welfa	employee wehare of benefit plan maintained by a former employer.  Parties To	Terms of Agreement
	Date	Parties To	Terms of Agre
		State of New York	Retirement Pension