Name:

Report Type

Filer Status

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No U	Yes 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.
No	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No.	Yes	<ul> <li>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?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>
No.	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.	□ S	N See	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.
N <sub>o</sub>	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.	<b>₹</b>	Yes	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.
ĕ	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 N	Yes	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.

# 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

**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. <u>Z</u> **Z** 

Name JOE Walsh

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	T- 1	JT Northary Trust Bank-Chiugo	Locarribonus.	SP Mega Corp. Stock  DC. Examples: Simon & Schuster	ment 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 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-
	X	X	X	Indefinite	None	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."
	×	X	×	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  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	×	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       <	BLOCK D  Amount of Income  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.
				S (partial)	If only a portion of an asset 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 V— LIABILITIES

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od by you, your spouse, or dependent child. Mark the highest amo

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.

		<u> </u>				- 1	İ	Amo	Amount of	Amount of Liabi	Amount of Liability	Amount of Liability	Amount of Liability
SP,		Liability		A	8	റ		D	D	D EE F	D E F G	D E F G H	D E F G H 00 01-1
٦ <u>,</u>	Creditor	Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001-	\$100,000	\$100,000 \$100,001- \$250,000	\$100,000 \$100,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,001-	\$100,000 \$100,001- \$250,000 \$250,000- \$500,000 \$500,001- \$1,000,000 \$5,000,000 \$5,000,000 \$25,000,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$5,000,000 \$5,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE					×	×	×	×	X	×
4	Ind Bayle + Associates	Dec 2011	Legal Fees			+	×	<b>×</b>	×	×	<b>×</b>	×	×
80	US Dept of Education	Dec 2011	Student Loan	$\times$									
ı						<u> </u>							

#### 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

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.