

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - June 30, 2012

DEC 11 2012

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LEGISLATIVE RESOURCE CENTER


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OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: William L. Enyart

Daytime Telephone:

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: IL District: 12	Date of Election: 11/6/2012		<p>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</p>
	<input type="checkbox"/> New officer or employee	Employing Office:			

In all sections, please type or print clearly in blue or black ink.

## 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"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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 II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	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 a 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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**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

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[illegible]

## Continuation Sheet (if needed)

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**This page may be copied if more space is required.**

				Name	William L. Enyart
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
				Current Year	Preceding Year
	State of Illinois Retirement	Unknown	Vested Retirement Benefit	0	0
	Illinois Municipal Retirement	Unknown	Non-vested retirement benefit	0	0
	State of Illinois 403B Deferred Comp	See Assets Listed below	Tax Deferred	Tax Deferred	Tax Deferred
(SP)	Vanguard Bond Index	Category C	Tax Deferred	Tax Deferred	Tax Deferred
(SP)	Stable Return Fund	Category E	Tax Deferred	Tax Deferred	Tax Deferred
(SP)	Vanguard Prime Money Market Fund	Category F	Tax Deferred	Tax Deferred	Tax Deferred
(SP)	Fidelity Puritan Fund	Category C	Tax Deferred	Tax Deferred	Tax Deferred
	State of Illinois 403B Deferred Comp	See Assets Listed below	Tax Deferred	Tax Deferred	Tax Deferred
	Columbia Acorn Fund	Category D	Tax Deferred	Tax Deferred	Tax Deferred
	Janus Oversea CL I	Category C	Tax Deferred	Tax Deferred	Tax Deferred
	Vanguard TTL BND	Category D	Tax Deferred	Tax Deferred	Tax Deferred
	MRK INDX INST Wellington	Category D	Tax Deferred	Tax Deferred	Tax Deferred
	Diversified Growth Reassure America Whole Life Insurance	Category C			
	Village Bank, St. Libory, IL	Category D	Int	Category II	Category II
	Regions Bank, Belleville, IL	Category F	Int	Category III	Category III

## William Enyart - Schedule II - Assets and "Unearned" Income - 12/31/2011

Block A - Asset and/or Income Source	Block B - Value of Asset	Block C - Type of Income	Block D - Amount of Income	
			Current Year	Preceding Year
Asset	Ownership			
	SP - Spouse; JT - Joint; I - Individual; DC - Dependent Child			
	None			
	\$1 - \$1,000			
	\$1,000 to \$15,000			
	\$15,000 to \$50,000			
	\$50,000 - \$100,000			
	\$100,000 - \$250,000			
	\$250,000 - \$500,000			
	\$500,000 - \$1,000,000			
	\$1,000,000 - \$5,000,000			
	\$5,000,000 - \$25,000,000			
	\$25,000,000 - \$50,000,000			
	Over \$50,000,000			
	None			
	Dividends			
	Rent			
	Interest			
	Capital Gains			
	Excepted / Blind Trust			
	Tax Deferred			
	Other Type of Income			
	None			
	\$1 - \$200			
	\$201 - \$1,000			
	\$1,000 - \$2,500			
	\$2,501 - \$5,000			
	\$5,001 - \$15,000			
	\$15,001 - \$50,000			
	\$50,001 - \$100,000			
	\$100,001 - \$1,000,000			
	\$1,000,001 - \$5,000,000			
	Over \$5,000,001			
	None			
	\$1 - \$200			
	\$201 - \$1,000			
	\$1,000 - \$2,500			
	\$2,501 - \$5,000			
	\$5,001 - \$15,000			
	\$15,001 - \$50,000			
	\$50,001 - \$100,000			
	\$100,001 - \$1,000,000			
	\$1,000,001 - \$5,000,000			
	Over \$5,000,001			
IShares Trust S&P 500 Growth Index	SP	X	X	X
Illinois Health FACS Authority Revenue bond 5.5% due 11/15/13 Union County NC GO Ref BD Series 2009C 4.25% due 3/1/18	SP	X	X	X
Illinois Health FACS Authority Revenue bond 6.0% due 11/15/18 United States Treasury 5.25% due 2/15/29	SP	X	X	X
Fidelity Money Market	SP	X	X	X
Illinois Health FACS Authority Revenue bond 5.5% due 11/15/13 Romeoville, IL Utility GO Ref BD Series 2004 4.0% due 12/30/17	SP	X	X	X

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## William Enyart - Schedule II - Assets and "Unearned" Income - 12/31/2011

Block A - Asset and/or Income Source	Block B - Value of Asset	Block C - Type of Income	Block D - Amount of Income	
			Current Year	Preceding Year
	None \$1 - \$1,000 \$1,000 to \$15,000 \$15,000 to \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000 \$250,000 - \$500,000 \$500,000 - \$1,000,000 \$1,000,000 - \$5,000,000 \$5,000,000 - \$25,000,000 \$25,000,000 - \$50,000,000 Over \$50,000,000	None Dividends Rent Interest Capital Gains Excepted / Blind Trust Tax Deferred Other Type of Income	None \$1 - \$200 \$201 - \$1,000 \$1,000 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001	None \$1 - \$200 \$201 - \$1,000 \$1,000 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001
SP - Spouse; JT - Joint; I - Individual; DC - Dependent Child				
Forward International Small Company Institutional	I - IRA X	X	X	X
Oakmark International Small Cap Institutional	I - IRA X		X	X
Touchstone Emerging Markets Fund Class Y	I - IRA X		X	X
CRM Mid Cap Value Institutional	I - IRA X		X	X
Stone Harbor Local Markets Fund Institutional Class	I - IRA X		X	X
AQR Managed Futures Fund Class I Fidelity Money Market	I - IRA X I - IRA X		X X	X X
Fifth Third Capital Trust Preferred Stock SC 677.25% due 8/15/2067	SP - IRA X		X	X
Tennessee Valley Authority 6.50% due 5/1/2029	SP - IRA X		X	X
United States Treasury 7.5% due 11/15/2016	SP - IRA X		X	X

Source: Fidelity 12/31/2011 statement and Fidelity 6/30/2012 statement

# **SCHEDULE III — LIABILITIES**

Name **William L. Enyart**

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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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A \$10,001 — \$15,000	B \$15,001 — \$50,000	C \$50,001 — \$100,000	D \$100,001 — \$250,000	E \$250,001 — \$500,000	F \$500,001 — \$1,000,000	G \$1,000,001 — \$5,000,000	H \$5,000,001 — \$25,000,000	I \$25,000,001 — \$50,000,000	J Over \$50,000,000
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
	None												

# **SCHEDULE IV — POSITIONS**

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Trustee (Self and SP)	Alex Eckert Enyart Trust — Uncompensated

# SCHEDULE V – AGREEMENTS

Name William L. Enyart

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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.

Date	Parties To	Terms of Agreement
30 June 2012	Spouse and myself as dependent and State of Illinois benefit plan	Receives benefits as retired Judge

# SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	