No No	hild because Yes	sactions, or liabilities of a spouse or dependent dwith the Committee on Ethics.	l" income, trans	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.
s No No No	losed. Have you Yes	d certain other "excepted trusts" need not be discl	e on Ethics and dependent chil	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?
STIONS	VER EACH OF THESE QUESTIONS	- ANS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the response.	n in this part must be answered and the hedule attached for each "Yes" response.	Each question in this part mappropriate schedule attache	N _o	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 X	rrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No X	r before the date Yes	Vill. 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.	No U	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.
Yes No		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.	N _o	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.
No No	receive any egating more 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.	S _S	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, complete and attach Schedule I.**
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
no mes more man	against anyone who mes more than 30 days late.	Termination Date:		X
hall be assessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Status Member of the U.S. State: 1/15 House of Representatives District: 1
OFFICE OF THE CLEEK O.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUSE OF (Office Use Only)	Daytime Telephone: 402/438-/598	Daytime 1	Name: Teffrey L. Fortenberry
2012 MAY 15 PM 5: 46	2012 1			
LIGISI ATIYE RESOURCE CLAIL	i (6)5) A	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
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Name Teffey L. Fortenberry Page 2 or 9

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.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benef	fits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
_	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Catholic University of America	Teaching Fee	1635
		· ·

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	Name Teffe
	L. Fortenberr
	y Page 3 o

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

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7	+ 1	SP TIAA CREFRATION Fun	TOCK From	700r	Retail Book + Gift Stores	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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 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 total income during the reporting period; any deposits totaling \$5,000 or less in a personal checking or saving \$5,000 or less in a personal checking or saving \$50,000 or less in a personal checking or saving \$50,000 or less in a personal including the Thrift Savings Plan. 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.	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 reportion period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (<i>i.e.</i> , 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-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	or income with a tair 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.	Identify (a) each asset held for investment or production	Asset and/or income Source	BI OCK A
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									None >	•	± 9 €	=	9 E E	<u> </u>		٦
				ļ <u>.</u>			₹		\$1 - \$1,000 [®]	0	year al general "None."	න පු	port etho	Indicate		1
		χ	\times	×	L		Indefinite	Ш	\$1,001 - \$15,000	>	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting				-
					<u></u>		6		\$15,001 - \$50,000		<u> </u>	ž.	ecif ye	value	<	
					<u> </u>			×	\$50,001 - \$100,000 m		inc Om	ι S	7 T H	ō	Value of Asset	٦
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			_				_		\$250,001 – \$500,000		ne √	년. 일:		of asset at close	Je of As	ادُ
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									INTEREST		n if	5 6.	on (k	ᅙ,	d ,	,
								×	CAPITAL GAINS		nein ncor erat g pe	턃ᅘ		Ž	<u>q</u> 5	ξĺ
		X	_						EXCEPTED/BLIND TRUST		gains, even if reinvest disclosed as income. (if the asset generated ru ing the reporting period.	ķ ģ	retirement accounts that d you to choose specific inve- that generate tax-deferrates (such as 401(k) plans or	Check all columns that	e of inco	ŚL
					Income		Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	may check the "Tax-Deferred" column. Dividends, interest, and capital	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	at apply. For	Type of Income	
		×	×		\times_{x}		•		None -		ea ea	<u>a</u>	돌 8 독 B	J	•	1
		,		×					\$1 \$200 ==		income. Check "None" if no income was earned or generated.	interest, and capital galns, even if reinvested, must be disclosed as	Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends,	For assets for which you checked "Tax-		
			1		<u> </u>				\$201 \$1,000 =		e. C	stex stex	원	sets	≥	
			<u></u>			Ц		X	\$1,001 - \$2,500		hed gene	_ 5 _	n Bu	₫	Amount of Income	
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					ļ		×		\$100,001 - \$1,000,000		Ž,	gains, ever disclosed	wide che	ê	ō	
				<u> </u>				Щ	\$1,000,001 - \$5,000,000 ×		e ₩	den as	# &	į		
					ļ	Ш		Ц	Over \$5,000,000 ≚	<u> </u>		Ø ==	ምፚቸሽ	<u>۲</u>		_
								S (partial)	an asset is sold, please indicate as follows: (S) (partial) See below for example. P. S.	If only a portion of	year.	\$1,000 in	purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	Transaction	2000

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

NCOME Name Jeffrey L. Fortenberry

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Continuation Sheet (if needed) 'n ģ ŞP, Gout Money MKt. Fund Linscoff wate Asset and/or Income Source BLOCK A None $\boldsymbol{\varpi}$ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 'n \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 ۲ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Meridual Marketing Income Other Type of Income (Specify: e.g., Partnership income or Farm Income) × None Amount of Income \$1 - \$200 ≡ \$201 -- \$1,000 2 BLOCK D \$1,001 - \$2,500 < \$2,501 ~ \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \mathbf{x} \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E சு. வு ம

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SCHEDULE IV— TRANSACTIONS

Name Jeffrey L. Fortenberry Page 6 of 9

ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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
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Exceede	Capital ed \$200	
Quarterly, Monthly, or	(MO/DAY/YR)	Date
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I													SP	SP, DC, JT	Capital Cof \$200, of the cof \$200, of the cof \$200, of the cof	resulted action. E. dren, or t	Report a or depen
													Example: Mega Corpo	T Asset	cate (<i>i.e.</i> , "partial sole"). 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.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates.	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
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	 									ļ					EXCHANG	ìΕ	Type of Transaction
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													10-12-11		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
															\$1,001- \$15,000	>	
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SCHEDULE V— LIABILITIES

Name Jeffrey L. Fortenberry

mortgages on personal residences. 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 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

·					SP, JT	
			Muter of Oreha Bank, Lincoln NE Doc	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Liability Incurred Mo/Year	Date
			Mortgage on Personal sesidence	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
					\$15,001- \$50,000	
					\$50,001- \$100,000	
				×	\$100,001- \$250,000	Amou
		<u> </u>	^		\$500,000 ***	nt of L
-					\$1,000,000 " \$1,000,001- O	Amount of Liability
-				-	\$5,000,000 \$5,000,001- -	
				H	\$25,000,000 - \$25,000,001 \$50,000,000	
					Over \$50,000,000	

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.

_	0	Description	Volue
	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

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 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 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 or were paid by you and reimbursed by the sponsor.

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

 _	_	 T	_									
							tobeguille	Aspen Institute	2		Examples: Chicago Chamber of Commerce	Source
						•	May 13-15	Por: 125-May 1	Jan 27-30	Aug. 6–11	Mar. 2	Date(s)
							DC- Pitts bury - Lincoln	April 15 Aug Lincola-Vicena-DC	Jan 27-30 Oulles-Los Angelas	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
						•	Υ .	<	Y	Y	z	Lodging? (Y/N)
				,			~	Κ.	Υ	Υ	z	Food? (Y/N)
				,		,	Y reals +	\	Y	Υ	Z	Was a Family Member Included? (Y/N)
							none	1	1	2 Days	None	Number of days not at sponsor's expense

SCHEDULE VIII—POSITIONS

Name Jeffrey L. Fortenberry

Page 2 of 4

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-

			Position
			Name of Organization

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

Date	Parties To	Terms of Agreement

72-583 (mac)