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Form A

UNITED STATES HOUSE OF REPRESENTATIVES

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→ - - \	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE OF TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X	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? If yes, complete and attach Schedule III.	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.	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 Yes	PRELIMINARY INFORMATION — ANSWER EACH	Status House of Representatives District: 2 Report (X) Annual (May 15, 2012) Amendment	Lee Tescy	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
r dependent ch d" income, trar first consulted	ST INFOR	No U	No.	8	₹	S S	OF THESE	Employee	Daytime	MENT
hild? nsactions, or liabilities of a spouse or dependent of with the Committee on Ethics.	RMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS and certain other "excepted trusts" need not be disclosed. Have you	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.	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.	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.	SE QUESTIONS	yee Termination Date:	eleg	
child because	F THESE Q	must be ansi ed for each "	arrangement with	or before the date	d receive any n the reporting	receive any regating more		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	U.S. 198	HAND DELIVERED
Yes	UESTIONS	wered and 'Yes" respo	Yes	Yes	Yes	Yes		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	2012 MAY 15 PM 12: 03	DELIVERED LEGISLATIVE RESOURCE CENTER
S S		the onse.	₹ X	S N	No No	∑ N		assessed nore than	M 12: 03	RCE CENTER

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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.	ts received under the Social Secu	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (C	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Law office of Terry Smeans	Residual legal fees aven	# 4000
BANK OF THE WEST	Spouse salery	# 6,000°

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK D

Page 3 of 6

Identify (a) each asset held for investment or production Asset and/or Income Source

BLOCK A

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific ment accounts which are not self-directed, provide only For all IRAs and other retirement plans (such as 401(k)

vide a complete address For rental or other real property held for investment, pro-

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tion in Block A. that is not publicly traded, state the name of the business, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

Savings Plan. ing \$5,000 or less in a personal checking or saving from, a federal retirement program, including the Thrift income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second accounts; and any financial interest in, or income derived

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

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements

None

1 - 1,000\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Over \$50,000,000

NONE

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

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Value of Asset BLOCK B

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

generated income, the value should be year and is included only because it "None." If an asset was sold during the reporting

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7 BLOCK C

Transaction BLOCK E

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						×			RENT		Type of Inc. neck all columns th tirement accounts tha to choose specific in at generate tax-defi uch as 401(k) plans ay check the "Tax-Defi vidends, interest, vidends, interest, sins, even if reinves sclosed as income. the asset generated in g the reporting period
ň	×	`	4	>	7				INTEREST		Type of Income all columns that ap at accounts that do nose specific investrerate tax-deferred 401(k) plans or IR. ck the "Tax-Deferred" ck the "Tax-Deferred" of as income. Check as income. Check the specific check the spe
7	×		ኦ	<u>_</u> x	>			X	CAPITAL GAINS		columns accounts see specifiate tax-doute Tax-look plate Tax-look plate Telm in the Tax-look percent as incorrect generate pring per
									EXCEPTED/BLIND TRUST		olumns the counts that counts the tax-def (k) plans e "Tax-Def interest, if reinvest, income, enerated reing perioc
		<u> </u>							TAX-DEFERRED		that ap that ap nat do rand or investe serred eferred assted, rand setted, rand controlled
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Fari	n Income)	Type of Income neck all columns that apply. For tirement accounts that do not allow to choose specific investments or at generate tax-deferred income uch as 401(k) plans or IRAs), you ay check the "Tax-Deferred" column. Ividends, interest, and capital ins, even if reinvested, must be sclosed as income. Check "None" the asset generated no income durgithe reporting period.
		×							None		For Definite the interest lines
~				_	×				\$1 – \$200	=	ferras
	>		×						\$201 – \$1,000	=	Amount of Income For assets for which you checked "Tax- 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, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
								×	\$1,001 - \$2,500	_ <	Amount of Income ats for which you checker in Block C, you may che column. For all other assecategory of income by cloopriate box below. Diving, and capital gains, eled, must be disclost Check "None" if no income and capital gains.
									\$2,501 – \$5,000	<	whi ock ock e b e b ca mus www.
						×			\$5,001 \$15,000	<u> </u>	ch , C, y C, y of in of in one one one
									\$15,001 – \$50,000	≦	you checked "Tax- you may check the you may check the income by checking below. plvidends, al gains, even if be disclosed as e" if no income was
		ļ <u>.</u>		$oxed{oxed}$			<u> </u>		\$50,001 - \$100,000	≦	Income ou checked "Tax- ou check the ou may check the other assets, indi- ome by checking slow. plvidends, gains, even if disclosed as if no income was
						1_	×		\$100,001 - \$1,000,000		ne che sett of com
				1_		L	_		\$1,000,001 \$5,000,000	×	eck the ck the c
_									Over \$5,000,000	×	lax- the the ndi- king king as
								S (partial)	See below for exam- ple. P, S,	portion of an asset is sold, please indicate as follows:	Irransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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Income time of America

Small cap Elbocis

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 7 College showings Ne From 60 Ag (Novan) College Shriways NE - town 60 An CAP Growth + Incoms Growth fund of America Income found of America speck orma of American Euro parcific CAP WOULD OCCUPTED & INCL Asset and/or Income Source become the of CAP WOTIN Imacican Mutual Notion UTMA EURO PACIFIC HAMOSO America Aurzaicus ➣ None В \$1 - \$1,000 O ۶ × × \$1,001 - \$15,000 o \$15,001 -- \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B ㅠ \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>ر</u> \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 K NONE DIVIDENDS 7 ٧. RENT INTEREST × ¥ of Income BLOCK C Type × ۶ > × **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None Amount of Income × 7 × × \$1 - \$200 Ξ \$201 - \$1,000 < BLOCK D \$1,001 - \$2,500 V VI VII VIII IX \$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 Page 4 of 6 × Over \$5,000,000 Transaction BLOCK E ரைவுள

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SCHEDULE V— LIABILITIES

Name Lee terry

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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 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 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 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 mortgages on personal residences

		1			
SP, DC, JT		7			
Creditor	Example: First Bank of Wilmington, DE	SECORITY STATE BANK, AUGUA NE MAN 3011			
Date Liability Incurred Mo/Year	May 1998	TOE NAT			
Type of Liability	Mortgage on 123 Main St., Dover, DE	Northpage on Residence.	•		
\$10,001- \$15,000					
\$15,001- \$50,000 w					
\$50,001- \$100,000 C \$100,001- D					
\$250,000 \$250,001-	×	X			
\$500,000 "" \$ \$500,001- \$1,000,000 "" \$	ļ				
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\$5,000,001- \$25,000,000 エ					
\$25,000,001 \$50,000,000					
Over \$50,000,000	[]				

SCHEDULE VI— GIFTS

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 **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.

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)
C/A	
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SCHEDULE VIII—POSITIONS

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

uons), and positions solely of an nondary nature.	rary riature.
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