\ <u>\$</u>	child because Yes	sactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	" 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.
No No	closed. Have you Yes	d certain other "excepted trusts" need not be discild?	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?
S	SWER EACH OF THESE QUESTIONS	- AN	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response		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 S	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	§ ≤	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.
No	or before the date			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.
No	receive any nother reporting Yes \(\begin{array}{c}\)?	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.	<u>S</u>	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.
8 \	receive any regating 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? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: 2H10 House of Representatives District: 10 Annual (May 15, 2012) Amendment
MC	S. HOUSE OF REPRESENTATIVES HAND DELIVERED (Office Use Only)	Daytime Telephone: 202-225-587	Daytime 1	Name: DENNIS J. KUCINICH
ge 1 of 🙎	LEGISLATIVE RESOURCE CEN Page 1 of 2 2012 MAY 15 PM 1: 56	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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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.

Source	Type
	Approved Teaching Fee
State of Maryland	Legislative Pension
ict. 2nd)	Spouse Speech
ion	Spouse Salary
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE	Spouse Salary
	The Academic
To the state of th	

SP 1/5 INHERIND OUTSERSHIP	P H58C	CONG FED. CASSIT UNION	IT THIRD FED. SAVINGS LOW	AMERICAN CREAKEN DOGG			SP Sp Mega Corp. Stock	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 tar left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	
S		<	S	S	×	Indefinite	X X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	Value of Asset 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."
S		Y (Swimes)	/ (respen)	5	×	Royalties	X	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 ≥ \$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 \$5,000,000 ×	Amount of Income 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)	romy a provision 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

Name DENNIS J. KVCINICH Page 4.

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.

	37	77	4		SP, DC,	
	CUMA	CUMA	THIRD	Example:		
		CUMA (CREDIT UNION MORT ADD) NOV'ID	THIRD REPERAL 5+L, CLINE . SET 2008 CARDIT ON CLINE . PL	First Bank of Wilmington, DE	Creditor	
	OCT. 2011	Nov in	SEPT 2009	May 1998	Date Liability Incurred Mo/Year	
	COMPIT ON DC RESIDENCE	MORTHUR RE-F), DC RES.	CARDIT ON CHAY, RESIDENCE	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
	<				\$15,001- \$50,000	
		-	1		\$50,001- \$100,000	
	-	<u>ــــــــــــــــــــــــــــــــــــ</u>	-	×	\$100,001- \$250,000 B	
 		1	-		\$500,000 m = \$500,001 - m	
		-	-		\$250,000 m \$250,001 m \$500,000 m \$1,000,001 m	
-	-	-	-	-	\$5,000,000 \$5,000,001- _	
		_	-	-	\$25,000,000 \$25,000,001 \$50,000,000	
 	+	 -	 -	├	Over _	I

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

丁	Source	Description	Value
Đ	Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
			}

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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

Exclude: Travel-related expenses provided by federal, state, and focal 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

					111	
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	Υ	2 Days
JACKLOW COUNTY DEM. COM. 5/14-5/15	5/14-5/15	CTEVE - KNOWS CITY MO-	۲	Z	Z	NONE
ACCESS OHIO	6125-714	DC-DAMAGEUS - PROPUT-	~	~	~	NOWE
FIGHTING BOS, INC.	9/11-9/17	DC-MADISON, WI-	Y	Z	٧	Nove
CENTER FOR PENCE	9/17-9/18	9117-9/18 ALBANY-CLENEUAND	Y	Z	N	NONE
BOULDER CTY DEM . PARTY 9/24 - 9/25 CLEVE LOWER DET CO. TO	914.912	CLEVE lowemour (o. c	ママ	z	Z	Nove
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