Page
<u> </u>
5

Yes No		sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, trans first consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
No X		d certain other "excepted trusts" need not be disclosed. Have you ild?	e on Ethics and rependent chi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excep excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No X	٧		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
QUESTIONS	EACH OF THESE QUE	INFORMATION — ANSWER EACH O		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
red and the s" response.	must be answe ed for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes If yes, complete and attach Schedule V.
Yes No		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.
ves No		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 S	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.	₹	It. 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.
Yes No No		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.	No U	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 If yes, complete and attach Schedule I.
		E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	against anyone u 30 days late.	Termination Date:	Employee	Type (Annual (May 15, 2013) Amendment
A \$200 penalty shall be assessed	A \$200 penalty	r Employing Office:	Officer or	Member of the U.S.
U.S. House of Talkandyes DELIVERED (Office Use Only)	ა.გ. ჩიამა ი: 7 DI (Office t	Daytime Telephone:	Daytime T	Name: MARK POCAN
Page 1 of Experience of the 1997 of Experience of the 25 MC	2012 CLAY 1	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

ı	Name
	MARK POCAS

Page 2 of T

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	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
	Spouse Salary	NA
Duket 5-ser + Saccie) for	たいなり	171,000
State of wiscome	5.18	48,500
)	•

	<u> </u>		Y .	,	_					-							7
(Madison, L. 5371)	Bulget Signi + Specialtry	2125-23rd St. Karoshini	Stank of WI Pansion	America Fund	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	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.	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 personal checking to their	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)		Asset and/or income source	BLOCK A	
						Inde	_	None \$1 - \$1,000		A B		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	year. If you use a valuation method other than fair market value, please specify the method used.	Indicate value of		
		ļ		×	┞	Indefinite		\$1,001 - \$15,000		<u>_</u>		악	incl the	ĕ o	<u> </u>		I
		-	X	<u> </u>	┡	∺	긠	\$15,001 - \$50,000				ebe Ti	was ude	valu	E •	=	I
\vdash		7			×		긔	\$50,001 - \$100,000			_	nder for	e se	ᾱο ≥ 		<u> </u>	l
	×	X			Ĥ			\$100,001 - \$250,000		<u> </u>		ass nt ch	호솔호	alua	asset at close of reporting	BLOCK B	l
		<u> </u>			╁┈		\dashv	\$250,001 - \$500,000				iii et a	d bec	se s	~ <u>*</u>	X	ı
		 			H		7	\$500,001 - \$1,000,000		_		hek	aus Naus	- Specime	<u>ි</u>	. ~	ı
		 			H			\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000		Ç	-	d so	e it	¥ño	88 -	-	ı
			-	ļ <u>.</u>	H			\$25,000,001 - \$50,000,000			_	ě	e por	# 6	으 <u>.</u> 크		
				Ì	t		-	Over \$50,000,000	,			by	orting year generated	ਜ਼ੁ ਦਾ	epo		
	<u> </u>	<u> </u>			H			Spouse/DC Asset over \$1,0	200 000*			you	yea atec	ᅕᇵ	d		
	×	X	X		t		-	NONE	000,000		ā						1
		 /. X		×	╁		×	DIVIDENDS			eporung penoa	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may Deferred" column est, and capital ga	retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	Check all columns that apply.		J
		-			┢		7	RENT	,		<u>ا</u>	ated	. 6 €	e grinen	_ ≅=	, †	ı
					×			INTEREST				must Check	abit Color	ent aco	all column	3	ı
					T		×	CAPITAL GAINS			۽ ا	i y ≠	உ த த	hoos gene	פַ פַּ	BLOCK C	ı
				<u> </u>	T			EXCEPTED/BLIND TRUST	•	,		be dis ("None" income	Pins	nts se s erate	° = 6	Š	ı
					T			TAX-DEFERRED				e d	e e	peci tha	that ap		
				1	Γ	Ŗ		Other Type of Income				disclosed as ne" if the asset me during the	check the "Tax- Dividends, inter- ains, even if rein-	its that do not e specific invest- rate tax-deferred 401(k) plans or		5	
					l	Royalties		(Specify: e.g., Partnership Inco	me or Farm Inc	ome)		d as asset the	inte reir) no nyes ferre	٠ و		
-	X	X	×		╁	Ö	╼┥	None									1
		_			t		-+	\$1 - \$200		=	dependent child.	* This column is for income general assets held solely by your spoi		Deferred" in Block C, "None" column. For all the category of incor	ġ'		
		<u> </u>		×	┢		\dashv	\$201 - \$1,000		=	₫	. # C	isch	red" e" co	asse		
	<u> </u>		-		H		×	\$1,001 - \$2,500			- 글	olum eld	tal c	olum gory	ਲੋਂ ≥	•	
	-	<u> </u>	1		H			\$2,501 - \$5,000			~~ [5	column is for	jain:		ָרַ <mark>הַ</mark>		
		<u> </u>	<u> </u>	1	×		7	\$5,001 – \$15,000		≤		ey	S, ey	inc and	<u>אַר אַ</u>	BLOCK D	
					Ĥ			\$15,001 - \$50,000				y in C			ž d	ĻŠ	I
					t		\vdash	\$50,001 - \$100,000			7	income g	e. C	ner a	Amount of Income s for which you check	7	
					T	×		\$100,001 - \$1,000,000			1	ur :	inve hec	nay asse ch	che S		
			1		T		\dashv	\$1,000,001 - \$5,000,000		×		This column is for income generated seets held solely by your spouse	and capital gains, even if reinvested, must be disclosed as income. Check "None" if	Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box helow Dividends, interest .	Amount of Income For assets for which you checked "Tax-)	
		1			Γ	П		Over \$5,000,000		×	\neg		one		_ 		
			İ		Ī			Spouse/DC Income over \$	1,000,000*	¥		ი <u>გ</u>	"st		×		
							S (partial)	or oʻu	follows: (S) (partial) See below for exam- ple.		If only a	,	\$1,000 in reporting	purchases (P), sales (S), or exchanges (F) exceeding	Indicate if the	BLOCK E	

SCHEDULE V— LIABILITIES

Name MARK POCAN

Page 4 of 6

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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

 -			r I	,		
					SP, DC,	
		/ m-2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	BMO HARRIS BAME,	Example: First Bank of Wilmington, DE	Creditor	
			512009	May 1998	Liability Incurred Mo/Year	Date
			Orsibul Loan	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
			X		\$50,000 ED	
	··-			×	\$100,000 °°	
				Ĥ	\$250,000 5 \$250,001- \$500,000 5	Amo
				-	\$500,000 T	Amount of Liability
					\$1,000,001- \$5,000,000	Liabilit
					\$5,000,001- \$25,000,000 =	الا
			-		\$25,000,001- \$50,000,000	
				_	Over \$50,000,000 — Spouse/DC Liability	
		<u> </u>	l		Over \$1,000,000*	

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.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	1			_	_
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
1.577,007			\$375	Value	

/いたイ ナックチン	
	Page S of (

Name

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 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

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

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 not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
laterand School & Gout	BC11-14	MSN - Buston - MSN	۲	-<	ح	None
				_		

റ
I
帝
Ш
=
\subseteq
E
П
<
\equiv
Ŧ
1
ю
Õ
-
<u>S</u>
\dashv
$\overline{}$
$\mathbf{\Sigma}$
Z
ഗ

Ŝ

Name MALK POCAN

Page C of C

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
01011: who	Budand 5-ign + Specialtai

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

 Date	Parties To	Terms of Agreement