Name	
12	_
Yen	<i>)</i>
Ser	7
Servandh	
1/2	•
Ex.	\
Page	د
Q.	

## 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.

							Raymond James (Sporse, Angela)	as fromy		Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Keene State	Source
						7	Sporce Solary	Reprined fersion	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре
							2 8	\$50,000		\$9,000 \$1,000	\$6,000	Amount

L	Vame
	Men
н.	Ferrand West
	West
	Page () or

# 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 enverlope for transmitting the list is included in each Member's filing package.

N/A Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
XYZ Magazine	Article	Aug. 13, 2012	\$500
		-	

Page 4\_of\_

5P The Principle Francial RT  TH Rental Property FL 33322		SP Mega Corp. Stock	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 far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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 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.  For rental or other real property held for investment, provide a complete address or a description an "rental or other real property held for investment, provide a complete address or a description and "rental or other plants."	5	Identify (a) each asset held for investment or production of income with a fair 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.	Asset and/or Income Source	BLOCK A
×	Indefinite 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 \$500,001 \$5,000,000 \$1,000,001 \$5,000,000 \$5,000,001 \$25,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	A BB C C D m T G G T T T T T T T T T T T T T T T T	* 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."	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.	Value of Asset	вгоск в
×	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm I	ncome)	Income. Check "None" if the asset generated no income during the reporting period.	IRAs), you may check the "Tax- Deferred" column. Dividends, interest, and capital gains, even if rein-	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	Type of Income	BLOCK C
× ×	×	×	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 Cver \$5,000,000 Spouse/DC Income over \$1,000,000*		* This column is for income generated by assets held solely by your spouse or dependent child.	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.	Deterred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the	Amount of Income	BLOCK D
		S (partial)	(S) (partial) See below for exam- ple.  P, S, E	If only a portion of an asset is sold, please indicate as follows:		\$1,000 in reporting year.	purchases (P), sales (S), or exchanges	Transaction Indicate if the	BLOCK E

For additional assets and unearned income, use next page.

This page may be copied if more space is required.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) 5 8 SP, Asset and/or Income Source **BLOCK A** ➣ None Ø \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>د</u> \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT BLOCK C INTEREST CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None = 1 - 200Amount of Income = \$201 - \$1,000 < \$1,001 - \$2,500 < \$2,501 - \$5,000 BLOCK D ≤ \$5,001 - \$15,000 XII VIII IX \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 5 of × Spouse/DC Income over \$1,000,000\* Transaction BLOCK E சுல்ற

# **SCHEDULE IV— TRANSACTIONS**

Page 6 of

													Example: Mega Corpor	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 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 rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). 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.  * This column is for assets solely held by your spouse or dependent child.  SP. DC, JT
		 	-											PURCHASE of Transaction  SALE EXCHANGE
										,			×	SALE
	ļ												Ц	EXCHANGE 9
			:											Check Box if Capital Gain Exceeded \$200
												: :	10-12-12	Date  (MO/DAY/YR)  or  Quarterly, Monthly, or Bi-weekly, if applicable
				:									П	\$1,001- \$15,000
													×	\$15,001- \$50,000 <b>w</b>
													Ц	\$50,001- \$100,000
		 												\$100,001- \$250,000
		 												\$100,001- \$250,000
	<u> </u>	 	-						<u> </u>					\$500,001- \$1,000,000
		 <u> </u>		<u> </u>				ļ	-	 				\$1,000,001- \$5,000,000 G
_	<u> </u>	 												\$5,000,001- \$25,000,000 =
_		 <u> </u>												\$25,000,001- \$50,000,000
		 												\$50,000,000
	ľ	1			i	I	į.		1 .	 ١,		1 1	$\mathbf{T}$	Over \$1,000,000*

#### SCHEDULE V— LIABILITIES

Name Wen Bulant

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 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 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 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

		,					
	·	77	SP	77		JT C SP,	
		Wells fugo	Starper &	Nathanalas	Example: First Bank of Wilmington, DE	Creditor	
		7409 Can	Mundal	Ca 2004	May 1998	Date Liability Incurred Mo/Year	,
		Car Parpent	Mudae Car Rynes Mercedes	Ja 2004 Mode ace 1641 NW107 to have		Type of Liability	
						\$10,001- \$15,000	
		$\times$	$\times$			\$15,001- \$50,000 <b>w</b>	
						\$50,001- \$100,000	
			<u> </u>	×	×	\$100,001- \$250,000	≥
			ļ		ļ	\$250,001- \$500,000 m	Amount of Liability
L		ļ		<u>.</u>		\$500,001- \$1,000,000	of Li
		<u> </u>				\$1,000,001- \$5,000,000 ជា	ability
						\$5,000,001- \$25,000,000 <b>T</b>	
<u></u>		-			_	\$25,000,001- \$50,000,000 —	
						Over \$50,000,000 — Spouse/DC Liability	
						Over \$1,000,000°	

#### 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 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

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

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

Name /
Alle
$\mathcal{Z}$
Wes
A
Page 3

# 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

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

Examples:	Source Chicago Chamber of Commerce Roycroft Corporation
P	
,	

SCHEDULE VIII—POSITIONS
EDULE VIII—POSITION
DULE VIII—POSITION
E VIII—POSITION
E VIII—POSITION
/III—POSITIONS
POSITIONS
OSITIONS
SITIONS
ONS
S   
]
ł
}

Page -| | 아 |

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-

		Showe Bound of brushed Tho	Position	
	(	Stone; Board of trusted Horida Atlantic University ( hisospersisted)	Name of Organization	

### SCHEDULE IX—AGREEMENTS

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.

		1		
Date	:			
		i		
		 i		
Parties To		 1		
		I		
		l		
		l 		
Terms of Agreement		İ		
		ı		
		İ		