Page	
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2	

× X	Yes	child because	sactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	" income, tran	<b>EXEMPTION</b> —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.
N X	Yes [	closed. Have you	d certain other "excepted trusts" need not be discl	on Ethics and dependent chi	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	UESTION	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	nust be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>O</sub>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  If yes, complete and attach Schedule V.
× ×	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No No	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 O	Yes X	or before the date	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	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 U	Yes 🔀	ו receive any ו the reporting )?	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.	×	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.
<b>№</b>	Yes	receive any regating more	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 X
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
more than	ne who files i	against anyone who files more than 30 days late.	Termination Date:	Employee	Type House of Representatives District: 9  Annual (May 15, 2012)
assessed	ity shall be	A \$200 penalty shall be assessed	r Employing Office:	Officer or	Member of the U.S. State:
RCE CENTER 110: 12	2012 JUN 14 AM 10: 12	LEGISLATIVE RESOURCE CENTIL	Daytime Telephone: 202 225 - 211	Daytime 1	Name: Jania D. Scha Kowsky
VERED	HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name Junice D Schakerusky Page 2 of

# 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.

Exercise military pay (autoria a rational source of theory pay)) second continuon programmy and source		
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
side (Oct. 2nd) ard of Education	Spouse Speech Spouse Salary	\$1,000 NA
5,01	Pension	#23,583
Strategic Consulting Group NA	Spouse Salary	
American Federation of State, County, & Municipal Indoyees	Spouse Honorarium	000

#### BLOCK A

### Asset and/or Income Source

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 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

acco ment the r inves the power, For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific

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**BLOCK B** 

#### Value of Asset

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

generated income, the value should be year and is included only because it If an asset was sold during the reporting

### Type of Income

BLOCK C

if the asset generated no income durgains, even if reinvested, must be disclosed as income. Check "None" Dividends, interest, and capital that generate tax-deferred income Check all columns that apply. may check the "Tax-Deferred" column. you to choose specific investments <u>or</u> retirement accounts that do not allow (such as 401(k) plans or IRAs), you

### Amount of Income

earned or generated. cate the category of income by checking reinvested, must be disclosed as interest, and capital gains, even if the appropriate box below. Dividends, Deferred" in Block C, you may check the income. Check "None" if no income was "None" column. For all other assets, indi-For assets for which you checked "Taxyear. reporting

BLOCK D

BLOCKE

\$1,000 in or exchanges asset had (E) exceeding purchases Indicate if the (P), sales (S) ransaction

]-  -	Small Cap World Fund Class A	Euro Lacitic Goods Fund Class A	Washington Nation I Truestors Class A	Growth Fund of America Class A	Fundamental Investors Inc Class A	Amous tend Inc. Class A	1st Bank of Paducah, KY Accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	count, trat exceeds the reporturing triteshous. For relies and accounts which are not self-directed, provide only a name of the institution holding the account and its lue at the end of the reporting period.  I rental or other real property held for investment, probe a complete address.  I a complete address.  I a nownership interest in a privately-held business to a complete address, and its geographic locates, the nature of its activities, and its geographic location in Block A.  I a lock A.  I a lock A.  I block A	power, even if not exercised, to select the specific estments), provide the value for each asset held in the count that exceeds the reporting thresholds. For retire-
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		,,							S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	

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Continuation Sheet (if needed) ဌ S SP Thomburg Lawsland Morgen Stanby Dean Wiffer Tax Internative Bond Ford Amer American High Turome bust class CALANOS Investments Asset and/or income Source Growth Fund of America Riveto Bat-checking Patram panheimer & G. Marantage many Liquidity tun Hempt Securities loust class Opposit held of Chestrus of Omahallawarsal BLOCK A Sugar. TEST Cloba イロぶつ 7/10 X None ➣ X ×  $\overline{\mathbf{x}}$ œ \$1 - \$1,000ဂ × X \$1,001 - \$15,000 XX U \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 77 \$100,001 - \$250,000 ດ \$250,001 - \$500,000 I \$500,001 ~ \$1,000,000 \$1,000,001 - \$5,000,000 \_ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 NONE X XXXX × X × × DIVIDENDS RENT Х INTEREST × of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership income or Farm Income) X None Amount of Income X XXX × X × \$1 - \$200 × X ≊ \$201 - \$1,000 2 BLOCK D × \$1,001 - \$2,500 < \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 YII VIII \$15,001 - \$50,000 \$50,001 - \$100,000 ⋝ \$100,001 - \$1,000,000 × \$1,000,001 -- \$5,000,000 Over \$5,000,000 Transaction BLOCK E ΚV m w m

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

nameJanice D Scherkowsty

Page 4 of 5

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Janice D Schalawsky

	Asset and/or income Source	Asset and/or income Sour	Asset and/or income Sou
	Asset and/or income Source	Asset and/or income Soul	Asset and/or income Sou
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Over \$50,000,000			
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Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		)	
None —			
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Over \$5,000,000 ≥			
C. O. M. V.	Transactio	Transacti	Transaction

# SCHEDULE IV— TRANSACTIONS

Name Janue D Shakowsky Page 6 of 9

Report a	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-		Type	<u>.                                    </u>		7			<b>&gt;</b>	2		3 3	<u>}</u>	3		
erty helc	erty held for investment that exceeded \$1,000. Include transactions that resulted in a canital loss Provide a brief description of any exchange trans-				al 00	Date			_ }		_ [			_  \$		
action. E dren, or ates rent cate (1.e.	resulted in a capital loss, intolude a priet description or any exchanity trial is- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (i.e., "partial sale"). See example below.	HASE	NOT.	ANGE	ox if Capita ceeded \$20	(MO/DAY/YR) or Quarterly, Monthly or	>	0	ဂ				00 47	000 -		000 -
Capital Gains - of \$200, check t III.	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.	PURC	SALE	EXCH	Check E Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,00 <b>1</b> - \$50,000	\$50,001- \$100,000	\$100,00 \$250,000	\$250,00 \$500,000	\$500,00° \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000,	\$25,000, \$50,000,	Over \$50,000,
SP, DC, JT			<					<								
SP	Example:   Mega Corporation Common Stock (partial sale)	-	ľ	╀		10-12-11		×	L					$oldsymbol{\perp}$	lacksquare	
	Oppenheimer 4 G. Advantage		X			5/29/11	X									
	Primary Liquidity Fund (auch)															
	Monger Stanley Dean Witter Tax Exempt Securities Trust					7/8/11	×									
	of Funds	<b>×</b>			1	7/8/11	X									
	Ameriprise Ins. Money Market Fund		<b>×</b>		<u> </u>	10/18/11	X									
77	Blackwork College Adventage 1998	-4	人			10/11/11		<b>×</b>								
37	1 " " 2000	>-	メ			10/11/11	×									
37	11 11 2001		X			10/11/11	X.									
27	1, 1, 2001		×			10/11/11	×									
	Disney, Walt Co.	*				5/24/11	×									
	Starbuck Co.	*				5/24/11	×	,						<u> </u>		
	Walgreen Co.	*				5/24/11	X									
	Ameriprize Money Mkt Fund	×			1	10/3/11	×	_	_							
4	Bright Start (College Fund)	×		<u> </u>		10/1./11		メ	ļ <u>.</u>							

# SCHEDULE V— LIABILITIES

Name Jan (ce ) Schakowsky Page 7 or 9

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 mortgages on personal residences.

	77	1+	52	SP		JT DC,	
	Chase	Central Mortgage Co.	Wells targo	Citibank A Advantage	Example: First Bank of Wilmington, DE	Creditor	
	8/2009	11/2011	106/2011	12/2011	May 1998	Liability Incurred Mo/Year	Date
C	8/2009 Hortgage on 1711 Lake Shore IN	Mortgage on 1101 Ridge Ave.	Loan on Stock / Margin	Credit Card	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	¶ Mo Mo
	X					\$250,001- \$500,000 m	=   <u>=</u>
<u> </u>		X				\$500,001- \$1,000,000	Amount of Liability
						\$1,000,001- \$5,000,000	₹
			_			\$5,000,001- \$25,000,000	-
			_			\$25,000,001- \$50,000,000	$\left\{ \right.$
						\$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.

**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.

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

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

Name Surce & Schakowsky	
Pa	

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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
Progressive logis Network	Jan 27-28	washington DC - Chambilly, VA,	Á	Y	Y	Non
Jewish unted type of	Feb 23-28	Oningo - Israel - Chiago	ý	Ý	Ń	Now
The Aspent Institutes Contrassional Proson	April 25 -	Chicago - Vienna-Chicago	Ý	Ý	<	None
The Aten Institute Contrassional Set. 24-30 aucago-Bracelona Chiago	Sed. 24-30	anicago Bracelona Chicago	\$ \(\)	<u> </u>	ý	None
C		•	`		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		,				

# SCHEDULE VIII—POSITIONS

Name Junce > Schatowsky Pa

Page 2 of 2

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
Advisory Board	Interprite House
Advisory Board	Tal Fund
Advisor Board	Muslwest Palliative and Hospice Care Center
Advisory Board	Illinois Women's Institute for Leadership
Advisory Board	Between Friends
Advisory Board	Wilber Wright College - HIV/STI Prevention Education
Percy Council Member	Center Athan/Illinois
SCHEDULE IX—AGREEMEN	Transity of Civity transity of Gad refine

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

<b>1</b>		Г
1618	Date	
State of Illinois and Jon Shakowsky	Parties To	
Dec 1998 State of Illinois and Jon Shakowsky continued participation in State Person Flow	Terms of Agreement	