× N	Yes	child becaus	sactions, or liabilities of a spouse or dependent owith the Committee on Ethics.	l" 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.
No <sub>N</sub>	Yes	closed. Have	d certain other "excepted trusts" need not be disclosed. Have you ild?	on Ethics an dependent ch	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	E QUESTION:	FTHES	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	answered and ich "Yes" respo	must be ed for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S S	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 No	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No K	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 K	date Yes	or before the	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.	<b>ĕ</b>	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	ves 🗐	d receive any n the reportir	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.	<b>8</b>	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.
K N	re Yes	receive any regating mor	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  If yes, complete and attach Schedule I.
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION:
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	or Employing Office:  Be Termination Date:	Officer or Employee	Status  Member of the U.S. State: NT Status  House of Representatives District: 0  Annual (May 15, 2012)  Amendment
AND AND	(Office Use Only)	ERK ENTATIVES	U.S. HOUSE OF REPRESENTATIVES OF SECO TO א THE OLERA  Daytime Telephone: همع - 8 هم - 19 مربة المسلمة المسلم	Daytime	Name: Frank Guinta
ة DEFI يَ ك	177 <i>0</i> P	ဒ္ <u>ဗ</u> ဒ <b>.</b> 5၂	Form A SISLATIVE RESSUE	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
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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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA.
CATHOUC WEDICAL CENTER	Spouse SALALY	NA
	-	

Name FRANK GUINTA
Page 2

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

lobe for transmitting the list is included in each Member's mind package.			
Source	Activity	Date	Amount
	Speech	Feb. 2, 2011	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2011	\$500
NA	NA	NA	NA

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ST. WARYS BANK	BELL WETHER LRENT UNIN			₹ <u>}</u>	3	Examples:		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 statement of the 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.	ment accounts which are not self-directed, provide only 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.	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. Provide complete names of stocks and mutual funds (do not use ticker symbols.)  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 investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	BLOCK A  Asset and/or Income Source	SCHEDULE III—ASSETS AND "UNEARNED" INCOME
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						Ę		\$1 - \$1,000	æ	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."		15
~			<u> </u>			Indefinite		\$1,001 - \$15,000	c	ate ting od o e sp asse and and rateo		
	ブ		<u> </u>	<u> </u>	$\bot$	क		\$15,001 - \$50,000		value of asset at year. If you use a other than fair mark pecify the method use at was sold during the is included only be dincome, the value and the sold income.	<b>\$</b>	₹
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					ı	B		Other Type of Income		Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if the asset generated no income during the reporting period.		ڈال
		 			1	Royalties		(Specify: e.g., Partnership Income or Farm In	come)	For some some you immo.		
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-	-		-	-	+	-	×	\$1,001 - \$2,500		For assets for which you Deferred" in Block C, you "None" column. For all of cate the category of ince the appropriate box be interest, and capital reinvested, must be income. Check "None" if earned or generated.	٠. تو ت	2
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					Ţ		S (	(S) See for ple	ind an	asset purch (P), s or exx (E) es \$1,00 repor year.		
							(partial)	ple.  Representation (See below for example.  P, S, E	If only a portion of an asset is sold, please indicate as	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Transaction	} <b>   </b>
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SCHEDULE III—ASSETS AND Continuation Sheet (if needed)	- ASSETS AND "UNEARNED" INCOME et (if needed)	Name TRANK	IF GUNTA Page	ge 2 of .
BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E
DC,	None	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	m (v, To
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## SCHEDULE IV— TRANSACTIONS

Name FRANK GUINTA

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	Type of Transaction	Type ansac	tion D		Date			A M	Amount		rans	of Transaction	9		
resulted in a capital loss. Provide a brief description of any exchange trans- 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>i.e.</i> , "partial sale"). See example below.	HASE		ANGE	Box if Capital ceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or	>	æ	) ი	1- D	1- m	1- 00 <b>™</b>	01- 00	01- 000 <b>=</b>	001- 000 —	000 ح
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 I Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,000	\$100,00 \$250,00	\$250,00 \$500,00	\$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 Asset															
Example: Mega Corpo		×			10–12–11		×								
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#### SCHEDULE V— LIABILITIES

Name FRANK SUINTA

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.

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		57	TE		SP, DC, JT	
YRUE MAE	NHHEAF NETWORF	ST ST MACH BANC - 221 CRESTY CO-13 MACH OF	FO BAY GOLD AN' MAKHAMM SHOW Show IS	Example: First Bank of Wilmington, DE	Creditor	
X7 7 %	SEPT 00	MAPCH OF	Aus o4	May 1998	Date Liability Incurred Mo/Year	
SCPT 96 Schoolpon 18773	SEPT 00 GRAD SCHOOL COAN CHICAGON 35			Mortgage on 123 Main St., Dover, DE	Type of Liability	
	02				\$10,001- \$15,000	
*	<b>×</b>				\$15,001- \$50,000	
					\$50,001- \$100,000	
-		~		×	\$250,000 \$250,001-	
		×	_		\$500,000 m \$500,001-	
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					\$25,000,000 <b>\$</b> \$25,000,001	
			, ,		\$50,000,000	- 1

#### 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.

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

Name	
Trade	
6	
"NOTA	

## 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

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

spouse or dependent child that is totally independent of his or her relationship to you

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
Examples: Chicago Chamber of Commerce	Mar. 2	DCChicagoDC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	~	Υ	2 Days
Ja- Mandels1- Ja   SI 2-6/7 Knissmy domitting HSINFAL	51 2 - 4/2	JC - 148 MADS 1 - JC	/	<b>Y</b>	ح	Nove
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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,

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-

$\Gamma$	 <u> </u>	_	 , ,		_
			NA	Position	
			AN		
				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

_					_
,			NA	Date	
			-AN	Parties To	
			NA	Terms of Agreement	