Ves No	child because	nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, tran first consulted v	ssets, "unearne less you have	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spo they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ves No	closed, Have yo	nd certain other "excepted trusts" need not be disclosed. Have you nild?	e on Ethics and dependent chi	y the Committe	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No		?	ublic Offering?	rt of an Initial F	IPO—Did you purchase any shares that were altocated as a part of an Initial Public Offering?
QUESTIONS	F THESE	INFORMATION — ANSWER EACH OF THESE QUESTIONS		OR TRUST	EXCLUSION OF SPOUSE, DEPENDENT, OR
on in this part must be answered and the chedule attached for each "Yes" response.	must be an	Each question in this part in appropriate schedule attache	S O	° Yes 💢	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.
Yes No X	arrangement wit	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		Yes 🔀	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.
Yes No X	or before the da	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.	№	, Yes X	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	d receive any n the reporting e)?	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.	No.	Yes	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.
Yes No X	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 .	Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THESE	R EACH	PRELIMINARY INFORMATION — ANSWER
agams anyone who mes more man 30 days late.	30 days late	Termination Date:		Amendment	
A \$200 penalty shall be assessed	A \$200 per	or Employing Office:	Officer or Employee		Status Member of the U.S. State: NE Status District: 3
.S ຄືອົນຄົວ ທີ່ Na man (Office Use Only)	s 1100aa oi				
2013 JUN 28 PH 4: 06	2013 JUN 2	Daytime Telephone:	Daytime		Name: Lee Terry
INSIDE MAIL	- Z	Form A For use by Members, officers, and employees	MENT	URE STATEMENT	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE ST
Page 1 of Q					

Name	
Lee	•
lerr	4
~	

Page of 0

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.	ts received under the Social Sec	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
	Salary	15,948

Í .		
	Name	
	Lee	
	Ter	
	۸۶.	
	Page	
	Page 3 of	

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 envernment of an honorarium of the committee on Ethics of charities receiving such payments must be filed directly with the Committee on Ethics. lope for transmitting the list is included in each Member's filing package.

							N/A	Examples: XYZ Magazine	_	Source	
					33333				Speech	Activity	
								Aug. 13, 2012	Feb. 2, 2012	Date	
								\$500	\$2,000	Amount	

This page may be copled if more space is required.

JT Ber Kshire Hathaway	LUCOUS FIND OF ALLE	<u> </u>	OT Pinnacle West Cap.	1st Bank of Paducah, KY Accounts	SP Mega Corp. Stock DC, Examples: Simon & Schuster	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 booklert.	a privately-held business A te the name of the business, and its geographic loca-	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 IFAs 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 and is not use ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at year. the end of the reporting period, and (b) any other reportable asset or sources of income which generated used. more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A	
>	4 >>	><	Х	X	Indefinite X	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000			* 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	BLOCK B	
> > > > > > > > > > > > > > > > > > >		ХХХ	XXX	×	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm I	ncome)	reporting period.	vested, must be disclosed as Income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	all column ent accou ou to choos ou to gen gen gen gen (such as	Type of Income	вгоск с	
	×	><	X	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 Spouse/DC Income over \$1,000,000*	- = = = = = = = = = = = = = = = = = = =				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.	Amount of Income	BLOCK D	
					S (partial)	(S) (partial) See below for exam- ple. P, S, E	portion of an asset is sold, please indicate as	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	вгоск е	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Cont	Continuation Sheet (if needed)									ı						1	1	1			i	F()	ı I'		1		Ш.	ľ					-		
	BLOCK A Asset and/or Income Source				į	≾ _ l	BLOCK B	면 S	ᇫᇛᅵ									→ 🖺	вьоск с Туре	ັດ				_	3	<u>ء</u> ا		BLOCK D	<u></u> □	BLOCK D	ō				BLOCK E
					<		Value of	of A	Asset	2							0	<u> </u>	8	of Income	"														
SP,		٧	В	၁	D	ш	П	Ð	I	1	ſ) ×	٦)* Z						r					=	_ <	<	≤	≦	<u></u>	×	<u>×</u>		<u>~ Ξ</u>	ס.
DC,									00	,000	0,000	00,00		,000,000						TRUS1		rship										<i>J</i> U	1 000	p i ,OOO,C	шŵ
٦				000					,000,0	\$5,000	\$25,00	\$50,0	000						NS.	LIND.	ED	Partne												io CVE	
			,000						01 – \$,001 –	,001	0,001 -	50,000			NDS		EST	AL GAI	TED/E	EFERF	y: e.g.,												JU 1100	
		None	\$1 – \$	\$1,001	\$15,00	\$50,00	\$100,0	\$250,0	\$500,0	\$1,000	\$5,000	\$25,00	Over \$	Spouse/	NONE	DIVIDI	RENT	INTER	CAPIT	EXCE	TAX-D	Other ' (Special Income	None	\$1 - \$2	\$201 -	\$1,001	\$2,501	\$5,001	\$15,00	\$50,00	\$100,0	\$1,000	Over \$	opouse.	
기	Cap World Growth (Robyn)	X														$\overline{\times}$		×	×				X						Ш	Щ	Ш	\vdash		Н	
DC	ropacific (R	X														X		×	×				\succeq	_	<u> </u>		ļ		_	<u> </u>	_	 	-	-	$\langle \cdot \rangle$
X	10		[$\overline{}$												$\overline{}$		$\overline{}$	\triangleright				×	<u> </u>		ļ	ļ		1	_	╄	-		 	V
DC	Growth Fund of America (Ryan)		Ī	×			1				\prod				T	$\overline{}$		×	. 🔀				×	↓		1	-		1	1	\downarrow	+-	+	+	
Z	In come Fund of America (Ryan		Ī	><	Π										1	\overline{x}		$\overline{}$. 🔽				_	 	╄	↓_	↓	╄	↓	\perp	↓_	+	-	┾	
8	_	×						1								ᄫ		\succ	>					×	╄	╄	<u> </u>	_		<u> </u>	 	+	+		יענ
8	Cab World Groth (Jack)	×								•						\overline{x}		\sim	×				1_	\succeq	-	_	ļ		1	-	<u> </u>	+	╁	+	SC.
Ŋ	Edrapacific (Jack)	×	1												 	\succ	1	><	<u>~</u>				<u>~</u>	<u> </u>	┞	\bot	↓_	ļ	 	\perp	-	+	+	_	
8	Growth Fund of America (Jack)			×												$\overline{}$	Ĺ	\sim	\searrow				×	ļ	_	ļ		_	<u> </u>	\vdash		\vdash	\vdash	╁	1
7	Money Market (Jack)			×				<u> </u>								\times		×	\sim				×	1	ļ				 	↓	-	\vdash	+		7
R	Fund of A			×							Π				1	$\overline{}$	<u> </u>	\sim	\times				<u> </u>	\succeq	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		igspace	<u> </u>	↓	╄	-	+	+-	
2	d Gra	×													H	×		\succ	\overline{x}	1			L	≥		_		╙	<u> </u>	ـ	_	 	 	 _	
R	0			\times												×	-	$\overline{}$	×				_	\succeq	<u> </u>	<u> </u>	 	-	<u> </u>	\vdash		┼	 	 	
$ \mathcal{X} $	X	X				-			[-		L^{-}				_	\overline{x}		×	×				\succeq	 _	<u> </u>	 	<u> </u>	 _	↓	↓	 	┼—	 —	 _	(A)
X	Fund of An			×												><		$\overline{}$	×				<u> </u>	\succeq	_	ļ		┡	_	_	ļ —	-	-	\vdash	
20	Sov. NE			X											X											Ļ				<u> </u>	-	-	 .	<u> </u>	
Ω	Sav. NE (Ĭ	×											×								\succeq	_		ļ	ļ		<u> </u>	<u> </u>	 	\vdash	-	\vdash	
X	ge sav NE (T	×											\succ				1				X	_	_	_	_	_	\bot	_	-	+	+	+	:
																1			Τ				<u> </u>	ļ		_	_	_	_	+	+	+	+	+	
															1								_	_				_	1	 	-	+	╁┈	+-	
		Γ	Γ				Г	Г					Γ		r	r	Г	Г	Г	Г	Γ		L	L	L	L	L	L	L	<u> </u>	L	-	\vdash	-	

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

				DC American Mututal (Nola)	DC Money Market (Notan)	DC Cap. World G+ Income (Nolm)	DC Mon'ey Market (Jack) X	DC Europacific (Jack)	DC Cap World Growth (Jack)	OC Cap. World G+Income (Ryan)	DC Money Market (Ryan) X	DC Europacific (Ryan)	Example: Mega Corpo	SP, DC, JT Asset	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.	income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below.	in a capital loss, Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the provided transactions between your provided or the provided transactions between your provided transactions between your provided transactions.	_
.				×	\times	×		×	×	×		×	×		SALE			Type of Transaction
															EXCH/	NGE		tion
															Check I Gain E	Box if (xceede	Capita ed \$20	il 80
				1-30- २	4-912	时分日	6-14-12	6-14-12	6-14-12	6-14-12	G-14-12	6-14-12	10-12-12		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
				×	\times	\times		×	×	×	×	×			\$1,001- \$15,000		>	
}			<u> </u>						-				×		\$15,001- \$50,000		Φ.	
-		 -	<u> </u>												\$50,001- \$100,000 \$100.001-		<u>ი</u>	An
-	 _		<u> </u>										_		\$250,000 \$ 250,001-			unor
}								-					-		\$500,000 \$500,001-		TI	t of T
-			+-	 			·		-						\$1,000,000 \$1,000,001 \$5,000,000	-	Ω	rans
ŀ			\dagger				 								\$5,000,001 \$25,000,00	-	I	Amount of Transaction
															\$25,000,00 \$50,000,00	1-]
															Over \$50,000,00		د	
L															Over \$1,000,0 (Spouse/DC A		*	

SCHEDULE V— LIABILITIES

Name Lee Terry

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 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 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

		,					Amount of Liability	t of [ability			
8		Liability		_	С	D	Е	F	ြ) -		
٦ <u>,</u> ς,	Creditor	Incurred Mo/Year	Type of Liability	10,001- 15,000 15,001-	50,000 50,001- 100,000	100,001- 250,000	250,001- 500,000	500,001- 1,000,000	1,000,001- 5,000,000	5,000,001- 25,000,000 25,000,00 1	ver	50,000,000 use/DC Liebility r \$1,000,000*
				\$ \$	\$	\$			\$	\$	10	Spo
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	-	+	×				ig	╁	
딕	Security State Bank ANSLEY USBOR	SCD COD	Mortagge Residence				×					
4	FNB Visa	Jan Belga Ban	Credit Card	×								
7		20 20 20 20 20 20 20 20 20 20 20 20 20 2	Credit Card	\times								

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

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

Name 26
Terry
Page 8

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed by the sponsor. 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: FOX News Mick + Associates P.C. LLC April 15-16 Gush Katif Museum Jeruslem Consumer Electronics Show spouse or dependent child that is totally independent of his or her relationship to you Roycroft Corporation Chicago Chamber of Commerce Source July ac-Jan 10-12 Feb 22-23 Aug. 6-11 Date(s) Mar. 2 Jomaha- Dallas Omaha- NYC Omaha-Las Vegas-Omaha DC-NYC-Omaha City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) z (Y)N) z Was a Family Member Included? (Y/N) z Number of days not at sponsor's expense 2 Days None

SCHEDULE VIII—POSITIONS

Page of (

Name

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
	N/A

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.

,		
Date	Parties To	Terms of Agreement
	N/A	
:		