UNITED STATES HOUSE OF REPRESENTATIVES

No No	child because Yes	isactions, or liabilities of a spouse or dependent with the Committee on Ethics.	d" income, trans irst consulted v	EXEMPTION —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 🔀	closed. Have you Yes	d certain other "excepted trusts" need not be discild?	e 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?
	Yes		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
SNC	ISWER EACH OF THESE QUESTIONS	— AN	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the sponse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	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.
l №	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	Š	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.
2 № □	r before the date Yes		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.
1 №	receive any the reporting Yes X		No X	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.
] № X	receive any egating more Yes	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.	N _o	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 THESE	PRELIMINARY INFORMATION — ANSWER EACH
es more man	30 days late.	Termination Date:		Report Annual (May 15, 2013) Amendment
be assessed	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	Status Member of the U.S. State: 0K Status House of Representatives District: 5
y), .	U.S. HUUSE (Office Use Only)			
: 38 MC	2013 MAY 15 AH 11: 38 MC	Daytime Telephone:	Daytime T	Name: JAMES LANKERD
Ö	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Name C
San
185
An
KRE
D

Page 2 of \$\frac{\frac{1}{2}}{2}

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
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
tion	Spouse Salary	NA
orunes	Sparse	NA
	Reading	200 00
	Reaching	250,00
	Preachy	500. %
	Prachine	700.00
R	Meaching	300, c
lind, Olc	Preaching	1,000
	0	`

Page 3 of

I Fracking New To Enforce!	IT Fractic Engra Mockes	It Firelia Cop Apprecians	2 THA CREF 525 Managed	of The ace 529 mayed	I Michier Dave Accounts	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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. 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.	vide a complete address or a description, e.g., "rental property," and a city and state.			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	SCHEDULE III — ASSETS AND "UNEARNED" INCOME
X	×	×	*	*	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$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."		Value of Asset	вгоск в	
x	X	×	አ	×	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, 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	вгоск с	Contract of the Contract of th
X	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 ≅ \$1,000,001 - \$1,000,000 × Over \$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.	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated	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	OCK D	a with car
			P	P			***************************************	S (partial)	portion of an asset is sold, please indicate as follows: (S) (parial) See below for example. P, S, E	If only a		\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	BLOCK €	

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

								4	<u></u>	1,	7	•	5	Ç	27	F	4	-	Z	Ç	SP, DC,	
								L)_	 	1	()	1	7	\square	1	<u> </u>	1	7	7	7	, () ,0	
								ask.	Box i Co Truone Tex	morring ,	Stack		Apricia 1	Finding Cap. Population Tex	suchis Cash Mesories The	welshy Aprile A Naw Tospies (1)	Fraching Cop Applecation Day	halif Erozin hope & IAA	I Fino 6	Booses Con Tricore		BLOCK A Asset and/or Income Source
																					None ➤	
																		X			\$1 - \$1,000	
										X	X	75			K	X	×		X	X	\$1,001 - \$15,000	
						Ī		X	X				K	7							\$15,001 - \$50,000	
																					\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
																					\$100,001 - \$250,000	BLOCK B Year-End ue of As:
																					\$250,001 - \$500,000 Ω] ♣ ♣ Ṣ
																Ι					\$500,001 - \$1,000,000 =	SS
																					\$1,000,001 - \$5,000,000	으
																					\$5,000,001 - \$25,000,000 -	
																					\$25,000,001 - \$50,000,000	
																					Over \$50,000,000]
																					Spouse/DC Asset over \$1,000,000*	}
																			X		NONE	
		-						_			ļ	_			<u>├</u>	 			<u> </u>	X	DIVIDENDS	
								 - -			-					†			-	<u> </u>	RENT	
				_								┢		1			-				INTEREST	BLOCK C Type of Incom
\vdash		 										 		 						X	CAPITAL GAINS	BLOCK C Type f Incon
								 - -							 	\vdash					EXCEPTED/BLIND TRUST	ရွိ မက်
						-		×	7	ን	አ	አ	א	7	X	κ	x	×		Н	TAX-DEFERRED	Ō
-				\vdash	<u> </u>	<u> </u>		-	1.1	-,	<u>η</u>	<u> </u>	, <u> </u>	,		()	 			\vdash	Other Type of Income	1
										_							ļ				(Specify: e.g., Partnership Income or Farm Income)	
								7	X	Y	χ	7	λ	X	1	X	X	X	X	X	None -	
																		,			\$1 - \$200 =	
																					\$201 \$1,000 ==]
																					\$1,001 - \$2,500 <]
												_									\$2,501 - \$5,000 <	ᆲ
																					\$5,001 - \$15,000 ≤	BLOCK D
Г			 		<u> </u>		П													П		BLOCK D Amount of Income
			\Box								<u> </u>	ļ			Т	1	T T			П	\$15,001 - \$50,000 \(\leq \) \(\	8
	 							 		1	<u> </u>					T				П	<u>-</u> \$100,001 − \$1,000,000 ⋝	l me
	 				<u> </u>			<u> </u>	 				1	Ì			<u> </u>	1		П	\$1,000,001 - \$5,000,000]
			\vdash					<u> </u>		İ		†	-								Over \$5,000,000	
			-		İ	Ι''						<u> </u>			\vdash	†	t			H	Spouse/DC income over \$1,000,000* ≚]
																					m ço , m	BLOCK E Transaction
																						tion

SCHEDULE IV— TRANSACTIONS

Name MAKES CANKFORD

Page 5 %

							DC 2 TIMA CREF 529 ASS ESTIL MINGES	RI TIM CREF 525 PAPERSie MARS	Α.	DCI TAM CASE SEG Closed Spirit	SP Example: Mega Corporation Common Stock (partial sale)	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.	purchase or sale or your personal residence, unless it generates remain income. If only a portion of an asset is sold, please so Indicate (<i>i.e.,</i> "par- tial 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	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
							X	X					PURCH	ASE		Type of Transaction
		_				 			7	አ	×		SALE			Type ansact
													EXCHA	NGE		ion
													Check B Gain Ex			
Ē							months	Morkly	1-27-12	1-27-12	10-12-12		Montnly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
						 •	X	K	×	X			\$1,001- \$15,000		>	
				-							×		\$15,001- \$50,000		60	
												L!	\$50,001- \$100,000		<u></u>	A
		 							_				\$100,001- \$250,000		0	mou
													\$250,001- \$500,000 \$500,001-		m	nt of
													\$1,000,001- \$1,000,000 \$1,000,001-		TI	Trar
										-	lacksquare		\$5,000,001- \$5,000,001-		<u>ຄ</u> 	Amount of Transaction
						 							\$25,000,001 \$25,000,001)	<u> </u>	ion
													\$50,000,000 Over)		
					i .							1 1	\$50,000,000			

SCHEDULE V— LIABILITIES

me Mines LANKFORD

Page 6 of

close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 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

T							
	SP, DC, JT		7			;	
	Creditor	Example: First Bank of Wilmington, DE	Bank of America				
	Liability Incurred Mo/Year	May 1998	April 2009	,			
	Type of Liability	Mortgage on 123 Main St., Dover, DE	Avillag Mortgye on Reserve	70			
	\$10,001- \$15,000						
	\$15,001- \$50,000		ļ				
	\$50,001- \$100,000					,	
Am	\$100,001- \$250,000 □	×	×				
Amount of Liability	\$500,000 TT \$500,001-	ig					
of Liat	\$1,000,000						
ijŢ	\$5,000,000 \$5,000,001						
	\$25,000,000 - \$25,000,001- \$50,000,000 -						
	Over \$50,000,000		 				
	Spouse/DC Liability		†		-	 	

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

lame	
JAMES LA	•
LANGER	
Page	

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

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

	•					
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	Y	Y	2 Days
Hertage Folwartion	Ju 25-27	by 25-27 DC-Ribarbur DC	X	Y	N	None
0	(`				
						6 6 6 7
2000		2000000				
				ı		
				,		

_	-
- (л
4	
•	•
	т
1	П
- 2	=
•	_
	_
ı	_
	Ш
	_
•	
- 3	
•	_
•	Ī
•	Ī
•	<u> </u>
	ŏ
	ŏ
	ŏ
	ŏ
3	ŏ
3	ŏ
	ŏ

Name Apples LANKFORD

Page Of Co

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-

Mustee Desition Name of Organization Trustee Description Museum Jenniste Ok -/Wa	T	_	 _	_	
			Trustee	Position	
Benah			JASMINE MOSON Children's Museum Jemniole CK - Muscomenses	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

Date	Parties To	Terms of Agreement
1		NONE