No No	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, tran	sets, "unearned ess you have fii	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Et
No No	Yes	closed. Have you	d certain other "excepted trusts" need not be disclosed. Have you lild?	on Ethics an	the Committee	<b>TRUSTS</b> —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?
S	UESTION	OF THESE QUESTIONS	INFORMATION — ANSWER EACH O	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
the onse.	wered and "Yes" respo	must be ans ₃d for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	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.
No 🗸	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No	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.
No 🗸	Yes	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.	No 🔲	, Yes 🗸	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.
s S	Yes	receive any 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.	8 <b></b> ✓	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.
No V	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.	No	Yes	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?  If yes, complete and attach Schedule I.
			SE QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER
nore man	ne who mes i	30 days late.	Termination Date:		Amendment	Report Annual (May 15, 2012)
assessed	Ity shall be	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee		Filer  Member of the U.S. State: FL  House of Representatives District: 17
4: 52	2012 AUS 13 PH 4: 52	2012 I	Daytime Telephone: (202) 225-4506	Daytime		Name: Frederica S. Wilson
Page 1 of 9	HAND P	DELI	Form A For use by Members, officers, and employees	MENT	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Name	
Frederica	
S. Wilson	

Page 2	
9	

# 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.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Se	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State of Florida	Retirement Benefit	\$11,498.00
State of Florida	Retirement Benefit	\$70,660.00
		The state of the s

Name
Frederica
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# 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.

	Source	Activity	Date	Amount
		Speech	Feb. 2, 2011	\$2,000
Examples:	XYZ Magazine		Aug. 13, 2011	\$500
None				
				:

Asset and/or income Source  Indicate value of Asset at close of asset and an appear of the material particle and the property and an asset and concerned from measuring particle and the property and and the property and and the property and an activity and the property and the property and an activity and an activity and an activity and activity a			-															
## Source   Source   Value of Asset   Source   Value of Asset   Amount of Income   Amount							7		육	value For vide For that ness tion how	# ₹	Por Plan the investing	not Pro	mor 7	₹ ₹	오름		
## Source   Source   Value of Asset   Source   Value of Asset   Amount of Income   Amount	131311	-Reside	401(a) I	-Miami-	Fixed A	-ING Fi	L		S	e at the end or entral or other a complete an ownership is not public is not public, the nature of in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public in Block A.  Inde: Your public is not public is not public in Block A.  Inde: Your public is not publi	nt accounts w	all IRAs and is) that are se is) that are se power, even stments), properties that exception is the text of the te	vide complete use ticker syr	e than \$200 i	end of the	ntify (a) each noome with a	Asset a	
## Source    Value of Asset   Type of Income   Check all columns that apply, For assets for which you checked "Tax ording speam"   Type of Income   Page of the porting pear. If you use a valuation you checked the you have performed a valuation you check the you was a construction of the rithan fall market value, mixture peace specify the method used. If you use a synchron that do not all the fall peace the your checked the your	\$	Ď.	Ber	Da	cct	าลก	_			of the didre	instit	other If-dire if no vide t	nam nbols	7 E	o de la	asset fair r	ΞŒ	
## Source    Value of Asset   BLOCK C   Amount of Income   Check all columns that apply, For easests for which you checked "Tax excellenge you check the specific year." If you use a valuation with growing personal to the profiting year. If you use a valuation with growing personal to the profiting year. If you use a valuation with growing personal to the profiting year. If you use a valuation with growing the personal to the relationship of the profiting year. If you use a valuation with growing the personal to the profiting year. If you use a valuation will grow a valuation with growing the personal to the profiting year. If you use a valuation will grow a valuation with growing the personal to the profiting year. If you use a valuation will grow a value of asset was sold during the eporting personal to the design of income by deciding the personal to the value should be a discovered as income, other was capital gains, even if rehrested, indirect, and capital gains, even if rehrested, indirect, and capital gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, income, and capital gains, even if rehrested, income and capital gains, even if rehrested, income and capital gains, even if rehrested, must be a discovered as income, other was gains, even if rehrested, must be a secretary of income by deciding the profiting profiting.    Value   Val	13	al F	3	de	F	<u>ଟ</u> ୍ଲ	st Ba	mon	lega	proposes series	are n	rretir ected texe the va	es of	earn	ding	held nark	ò	
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Value of Asset   Valu								₹		\$1 - \$1,000		ar ener	an a	eas	pon	<u>dic</u>		
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BLOCK E ransaction noticate if the asset had surchases P), sales (S) P) exceeding 11,000 in eporting ear. If only a portion of an asset is sold, please indicate as follows: S) (partial) See below for exam- ple.  P, S, E				<u> </u>	-		╁		CO								, =	ᆜ
										portion or an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	If only a portion of	/ear.	\$1,000 in eporting	or exchanges  E) exceeding	P), sales (S),	isset had	ransaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Name Frederica S. Wilson Page 5

$\prod$	-																SP. DC,	
					Equity Fund	-Wells Fargo Adv Core	-Wachovia Money Market	-Wachovia Money Market	-Wachovia Checking	-US Savings Bonds	Federal Credit Union	- S. Florida Education	Company Annuity	-Riversource Life Insurance	1386 NW 38th St., Miami, FL	-Residential Real Property		Asset and/or income Source
					<u>\</u>			<	<	<	✓		<u> </u>		<b>✓</b>		None > \$1 - \$1,000 □ \$1,001 - \$15,000 □ \$15,001 - \$50,000 □ \$50,001 - \$100,000 □	nieA A
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## SCHEDULE IV— TRANSACTIONS

SP, DC, 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. 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 transdren, 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. action. Exclude transactions between you, your spouse or dependent chil-ထူ None Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) applicable 10-12-11 Date \$1,001-Þ \$15,000 \$15,001-\$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-0 \$250,000 \$250,001 m \$500,000 \$500,001-T \$1,000,000 \$1,000,001-O \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001 \$50,000,000 Over ے \$50,000,000

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#### SCHEDULE V— LIABILITIES

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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.

				****	SP, DC, JT	
			None	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Liability Incurred Mo/Year	
				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	Amou
					\$250,001- \$500,000	nt of I
					\$500,001- \$1,000,000	Amount of Liability
				<u> </u>	\$5,000,001 <b>£</b>	Ÿ
-				$\vdash$	\$25,000,000 <b>**</b> \$25,000,001	
	<del> </del>	<del> </del>		-	\$50,000,000 Over \$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) prohibit	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
None		

<sub>Name</sub> Frederica
S. Wilson
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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

		ı				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Member Included? (Y/N)	number of days <u>not</u> at sponsor's expense
_	Mar, 2	DC—Chicago—DC	z	Z	Z	None
Examples: Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland		<u> </u>	~	2 Days
None			N/A	N/A	N/A	

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proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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
None	

### 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