<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.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepte excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Id have any reportable Yes X No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No an outletty of during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" reportable asset worth more than \$1,000 at the end of the period? Yes X No III. If yes, complete and attach Schedule III.	Yes No X	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 No than if yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE Q	Filer Status       X       Member of the U.S.       State:       X       Officer or Employee         Report Type       X       Annual (May 15, 2012)       Amendment	Renée Ellmers Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES CALLINDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT For users of the contract of the con
ns, or liabilities of a spouse or dependent chil re Committee on Ethics.	ain other "excepted trusts" need not be disclosed. Have you	AN	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.		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.	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.	QUESTIONS	Employing Office:  Termination Date:  Termination  A	phone: 910 897-5222	Form A For use by Members, officers, and employees
ild because Yes No X	sed. Have you Yes No X	SWER EACH OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response.	angement with  Yes No X	before the date  Yes No X	he reporting Yes No	celive any pating more Yes No		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	2012 MAY 23 PM 12: 57  OFFICE SPINE CLERK U.S. HOUSE OF REPRESENTATIVES MC	TAN 15 ZUZFAGE OF CO.

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## 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
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Education	spouse salary	NA A
Brent R. Ellmers, MD PA Medical Practice Dunn, NC	spouse Income	2/2

4				SCOrp		<b> </b>	<b> </b>			<b> </b>	<b> </b>	<b>-</b>	1		×		<b> </b>	<b>-</b>	<b> </b>	>P Brent R. Ellmers MD PA Nedical Practice Danning
			<u>×</u>						×								_	$\overline{\times}$		Vanguard Target Retirement
	1		<b>×</b>			-			メ								×			30 Vangeard Traget Retirement 2025 FD
	1		×						×		<u> </u>						<u> </u>	-		JT Iconix Brand Stock
	1		×				-		×			-					×	<u> </u>		IT beautifue the Ens Co.
	1	<u> </u>	$\times$		><		<u> </u>	1			-	-	<del> </del>			<u> </u>		<b>X</b>		IT Option: Income Artfolic
×		$oldsymbol{\perp}$	$\mathbf{t}$			t	ľ			t	╁	╀	╄	L	×	t	+	┞	╀	JT 1st Bank of Paducah, KY Accounts
	:	_		Royalties		-	-				<del> </del>		-				inite	Indefinite		Examples:
		×				×	_	×								×				SP, SP Mega Corp. Stock
\$5,001 - \$15,000 \$15,001 - \$50,000				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	EXCEPTED/BLIND TRUST TAX-DEFERRED	CAPITAL GAINS	RENT	DIVIDENDS	NONE		\$5,000,001 ~ \$25,000,000	\$1,000,001 ~ \$5,000,000	φου,ουτ - φτ,ουυ,ουυ	φ200,007 - φ000,000		ψ10,001 - ψ00,000	\$1,001 - \$12,000	φι - φι,οοο	11010	For rental or other real property held for investment, provide a complete address.  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.
V VI VIII		≡	_ =							_	*	_	I	O	m	m	<u>,</u>	В С	<u> </u>	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.
earned or generated.	_ v >	earned or generated.	arned	gams, even it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	gains, even it reinveste disclosed as income. C if the asset generated no ing the reporting period.	s inc s inc jenen ting p	even sed a set g repor	sclos he at the at	j; ≓ <b>Q. Q</b>	e ⊅e	ause	bec e sh	only value	ed of the v	clude ne, t	year and is included only because it generated income, the value should be "None."	ed is	year ar generat "None."	yea gen "No	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-
reinvested, must be disclosed as		sted, n	einve		Dividends, interest, a	inte	nds,	ay cn vide	무를	grii	por	en er	# gn	duri.	sold	If an asset was sold during the reporting	set w	าลร	≓ aı	Provide complete names of stocks and mutual funds (do not use ticker symbols.)
cate the category of income by checking the appropriate box below. <b>Dividends</b> ,		e catego propriate	ate th		ax-defer	(S) (6)	enera Is 40	at ge	(SI	ue,	. <u>va</u>	arket Ised.	od u	fair neth	than the n	method other than fair market value, please specify the method used.	oth	thod	ple:	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.
For assets for which you checked lax- Deferred" in Block C, you may check the "None" column. For all other assets, indi-	ے پ	sets for d" in Bio column.	or as: Deferre None"	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or	ins that its that iscific inv	ospe Sour	all c	Teck	<u> </u>	함약	close valuat	a ∺ ≲ C	et a	of asset at	두 약	Indicate value of asset at close of reporting year. If you use a valuation	9 Ya	Indicate reporting	rep Indi	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
Amount of Income	≡	Amou	•		Type of Income	ĕ	₹		···-				sset	ŤΑ	e o	Value of Asset				Asset and/or Income Source
BLOCK D	W				BLOCK C	BLC							-	S	BLOCK B	_				BLOCK A
									1	l	١	ľ	ľ	;		1	l	l	l	

## **SCHEDULE IV— TRANSACTIONS**

SP, DC, JT 4 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 transaction. Exclude transactions between you, your spouse or dependent children, 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. SP Example: Vanguard Age Based moderate option Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** × Туре SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) Monthly applicable 10-12-11 Date \$1.001-> \$15,000 \$15,001-W \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-O \$250,000 \$250,001 Ш \$500,000 \$500,001-Ħ \$1,000,000 \$1,000,001-Ø \$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

Name Renee Ellmers

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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 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 mortgages on personal residences.

						1	Amount of Liability	t of Lit	ability			
<u></u>		Liability		٧	8	0	E E	_				ہ د
J D S	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000 \$100,001-	\$250,000 <b>\$250,00</b> 1-	\$500,000 \$500,001-	\$1,000,000 \$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			_	×	-	-			
JT	Chase Card Services Wilmington, DE	12/11	Credit Gard	<	\		-		-			
JI	Capital One Bank Churlotte, NC	12/11	creditand	5								
JT	Bankof America Wilmington, DE	irfii	credit Card		1							
d T	PNC Bank P. Hsbury PA	12/11 14/11	Mortyage on 122 Kingswy Dr Dunn, we Home Equity Loan on 122 Kingswy Dr			7	ς.					
37	New Century Bunk	11/11	Loun on 1521 Carolina Blue Topsail Boach, NC		<u> </u> 		-	<del>  `</del>				<u></u>

#### 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 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. 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.

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

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# 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
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	۲	Y	2 Days
ATEF	Aug 13-21	8 Rabigh - Tol Awy - Rabigh	۲	٧	Υ	none
Turkish American Coulition	Oct 14-21	DC - Istanbul - OC	۲	~	~	none
The Company of The Line of the Company of the Compa						
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