₹   <u>X</u>	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	l" income, trans rst consulted w	ets, "unearned ss you have fi	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
<b>8</b> ⊠	Yes	closed. Have you	d certain other "excepted trusts" need not be discild?	) on Ethics and dependent chi	the Committee ur spouse, or	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?
NS	UESTIO	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	wered ar 'Yes" res	must be ansi	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	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	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	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	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.	S	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.
No C	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.	X	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 D	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 X	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.
			OF THESE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWER EACH
35 more man	A ANIIO IIIG	30 days late.	Termination Date:		Amendment	Type Annual (May 15, 2012)
be assessed	ity shall b	A \$200 penalty shall be assessed	or Employing Office: ee	Officer or Employee	TOTK	Status  Member of the U.S. State: No. State:
2012 MAY 15 PH 2: 56  U.S. MOUSE OF THE CHAP IS OF THE COMME.  (Office Use Only)	2012 MA	HC (OH	Daytime Telephone: (202) 725-623	Daytime '		Name: Wette D. Clarke
HAND DELIVERED		FAN	Form A For use by Members, officers, and employees	MENT	TIVES RE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
<u>-</u>						

#### **BLOCK A**

## Asset and/or Income Source

more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production the end of the reporting period, and (b) any other

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period. the name of the institution holding the account and its investments), provide the value for each asset held in the the power, even if not exercised, to select the specific ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireplans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, provide a complete address.

>

œ

o

٥

m

m

Ø

I

\_

ے

ᆽ

tion in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business ness, the nature of its activities, and its geographic loca-

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

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

please refer to the instruction booklet For a detailed discussion of Schedule III requirements optional column on the far left.

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

DIVIDENDS RENT INTEREST

×

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

DC, Examples:

古のとという

1st Bank of Paducah, KY Accounts

Indefinite

×

School of Capaci

上がま

Y,

punt Coutiers

() T

Manufacture Latingram

The same Charles And Charles

igentral g 474-15-60

うて

B STONE OF THE PROPERTY OF THE P

 $\not\equiv$ 

Technical Track

ş

Ş

Mega Corp. Stock Simon & Schuster

### Value of Asset

BLOCK B

please specify the method used method other than fair market value reporting year. If you use a valuation Indicate value of asset at close <u>o</u>

generated income, the value should be year and is included only because it "None." If an asset was sold during the reporting

Check all o Dividends, may check the (such as 40 that genera you to choos retirement ac

if the asset g ing the repor disclosed as gains, even

		INTEREST	Pe B
	×	CAPITAL GAINS	BLOCK C  pe of Income columns that as ccounts that do countries co
		EXCEPTED/BLIND TRUST	DOCK  In ns  it in sciff control to the science of the sciff control to the science of the sciff control to the science of the sciff control to the science of the science
		TAX-DEFERRED	C COr that that coinverse or some some some some some some some some
	Royalties	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  pe of Income  columns that apply. For accounts that do not allow se specific investments or at a tax-deferred income of the tax-deferred income of the Tax-Deferred column.  Interest, and capital of reinvested, must be income. Check "None" generated no income durring period.
		None –	For Deft "No cate the inte
		\$1 - \$200 =	Deferred "None" cate the apprintments, interest, income. earned o
		\$201 – \$1,000	A sets sets of colling property it, a stee care of colling property it.
	×	\$1,001 - \$2,500 <	Amou  Assets for we assets for we erred" in Blowne. I as the categor appropriate appropriate rest, and or wested, murested, murested, mand one. Check ned or gener
		\$2,501 - \$5,000 <	Amount o  Amount o  Amount o  Amount o  For assets for which  Deferred" in Block C, "None" column. For a  cate the category of i  the appropriate box  interest, and capit  reinvested, must income. Check "Non  earned or generated.
	×	\$5,001 <b>−</b> \$15,000 ≤	Amount of In Amount of In For assets for which you Deferred" in Block C, you "None" column. For all oft cate the category of incorthe appropriate box below interest, and capital greinvested, must be income. Check "None" if earned or generated.
		\$15,001 <b>-</b> \$50,000 <b>≦</b>	"ifr (D
		\$15,001 - \$50,000 \( \leq \) \$50,001 - \$100,000 \( \leq \) \$100,001 - \$1,000,000 \( \times \)	BLOCK D  Amount of Income tis for which you checked " in Block C, you may check column. For all other assets, i category of income by checy ropriate box below. Divider and capital gains, even ted, must be disclosed Check "None" if no income or generated.
	×	\$100,001 - \$1,000,000 \( \opi \)	ne ckee ckee sset sset y ch y ch y ch ios ios
		\$1,000,001 - \$5,000,000 ×	
		Over \$5,000,000 ≚	flax- the the cling cling lids,
	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
1877A// J = 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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

COME Name ROATE

Page 3 or 1

SP ≒ 8 Asset and/or income Source **प्टिप्रक** BLOCK A NOW. ⋗ None 8 \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 -- \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B т \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income == \$1 - \$200 ≡ \$201 - \$1,000 < BLOCK D \$1,001 - \$2,500 < \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction **BLOCK E** சு. ஜ ா

This page may be copied if more space is required.

Name Representative
hette D.Clarke
Page 4 of

# 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. 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 not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
Jemps and Andressive Congression		IC-Annapolis Harvlard IC	26	Wes .	No	None
American Israel Education Foundation Aug 7-15		M- EIANV-NY	F	R	Z O	ZOR
	(					
	24.			l .	e d'arg	
					e de proprie	
	-					