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× ×	t child because Yes	isactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, tran irst consuited v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilition they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee
No X	sclosed. Have you Yes	d certain other "excepted trusts" need not be dis	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?
No X	Yes		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
STIONS	F THESE QUES	INFORMATION — ANSWER EACH OF THESE QUESTIONS		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
ed and the response.	must be answere ed for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	×	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 X	arrangement with Yes	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.
× ×	or before the date Yes	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.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	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? Yes X If yes, complete and attach Schedule III.
No U	d receive any in the reporting 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.
× ×	d receive any gregating 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 X
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
io liles lilote titali	30 days late.	Termination Date:		Type Annual (May 15, 2013) ((X) Amendment
\$200 penalty shall be assessed	A \$200 penalty sh	r Employing Office:	Officer or Employee	Status Member of the U.S. State: In It. House of Representatives District: Description
e Only)	(Office Use Only)			
3: 25 MC	2013 K.Y. 21 AY 10: 25 MC	Daytime Telephone:	Daytime T	Name: TIMOTHY L WALBERG
HAND		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I—EARNED INCOME

Name TIMOTHY L. WALBERG

Page_ 2 of 10

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.

	includer the Social Security Act	SIRTY ACT
Source	Type	Amount
Keene State	Approved Transfer	AIIIOUIIE
State of Maryland	Legislative Density Fee	\$6,000
	CONTRACT OF STATE OF	\$9,000
Ontario County Board of Education	Spouse Salary	\$1,000
STATE OF MICHIGANI		NA
	EGISTATINE PENSION + 38, 45	408, 951

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	N	J	Amer.	Templeton	Hartford				Examples:	SP	homes and vacation homes income during the reporting p ing \$5,000 or less in a per accounts; and any financial interform, a federal retirement pro Savings Plan. If you so choose, you may income source is that of your so chid (DC), or is jointly held wit optional column on the far left. For a detailed discussion of 5 please refer to the instruction in the sax refer to the sax reffect to the sax refer to the sax refer to the sax refer to the s	that is not publicly ness, the nature of tion in Block A. Exclude: Your or	K an ownership	ans) provide the count that exceed that exceed the count that exceed that exceed the count that exceed the cou	Provide complete name not use ticker symbols.) For all IRAs and other I	entity (a) each as income with a fa income with a fa in end of the n in end of the n portable asset or portable asset or ore than \$200 in	Asset ar	
1 11		n-	Growth	in Dev MK+ Suc	nd Money 4x+ #LS			1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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 optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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 general residence including account.	For an ownership interest in a privately-held business	pleans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "remail property" and a city and sale.		identity (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 "unearmed" income during the year.	Asset and/or Income Source	BLOCK A BLOCK B
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								Hoyalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	ome)	-	resterd, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	check the Tax- Dividends, inter- ins, 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 4014), plans or		
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		+	+-	_	\dashv			-			Spouse/DC Income over \$1,000,000*		7	ਰ ਨੇ	# E #			Š.
S	S	C	ဟ	C	n	S			S (partial)		indicate as follows: (5) (partial) See below for example. P, S, E		If only a	уваг.	(E) exceeding \$1,000 in reporting	indicate if the asset had purchases (P), sales (S),	BLOCK E	C. WALISE KG Page 3 of 10

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

Name TIMOTHY L. WALBERG

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

Name TIMOTHY L. WALBERG

Page 5 of 10

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Schudule IV

Capital Gains not murled because they did not exceed \$200

SCHEDULE IV— TRANSACTIONS

Name Timothy L. WALBERG Page 7 of 10

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SCHEDULE IV— TRANSACTIONS

Name TIMOTHY L. WALBERG Page 8 of 10

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property.	Туре					1		1			\parallel		\parallel		j L
held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transactions that exceeded \$1.000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction.	of Transaction	ction	i 0	Date	,		≥	חסם	<u>로</u>	T 2	Amount of Transaction	3			
Exclude transactions between you, your spouse or dependent children, or the			apite \$20	(MO/DAY/VB)		7	-			_		-\\\\\	-	-	1_
income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	ASE	IGE	ox if Ca eeded		\$	ū	9	-	Û	TT	<u> </u>	<u> </u>	<u></u>		· F ·
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.	URCH, ALE	XCHAI	neck Bo ain Exc		Q)	90	00	0	000	QQ	000 001-	000		nosul)
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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

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	Examples: Chicago Chamber of Commerce	The Heritage foundation	•							
Date(s)	Mar. 2	7		:						
City of Departure—Destination— City of Return	DC—Chicago—DC	DC-Philadelphia - DC								
Lodging? (Y/N)	< z	~								
Food? (Y/N)	< Z	4								
Was a Family Member included? (Y/N)	V	۷.								
Number of days <u>not</u> at sponsor's expense	None	None								

SCHEDULE VIII—POSITIONS

Name TIMOTHY L. WALBERG

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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			

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

,	,	 		
			4.12.2005	Date
			4.12.2005 STATE OF MICHIGAN	Parties To
			PENSION FOR SERVICE - ST. HOUSE	Terms of Agreement