

UNITED STATES HOUSE OF REPRESENTATIVES

CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A For use by Members, officers, and employees

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Marcia L. Fudge

(Full Name)

2022257032

(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

OFFICE OF THE CLERK
HAND DELIVERED

2012 MAY 15 AM 10:20

U.S. HOUSE OF REPRESENTATIVES

ME

Filer Status ☒ Member of the U.S. House of Representatives State: OH District: 11

☐ Officer Or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Marcia L. Fudge

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
State of Ohio Public Employment Retirees System	Retirement (Pension)	\$48,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Marcia L. Fudge

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BLOCK A Asset and/or Income Source 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 source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) 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 retirement 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. 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.	BLOCK B Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income 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 IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
26910 Emery Road Warrensville Heights, Ohio (Primary Residence)	\$100,001 - \$250,000	None	NONE	
3646 Chelton Road Shaker Heights Ohio	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	
Cuyahoga County Deferred Compensation	\$100,001 - \$250,000	None	NONE	
State of Ohio Public Employment Retirees System (Not Self-Directed)	\$250,001 - \$500,000	Pension/None	NONE	
Telephone Credit Union	\$1,001 - \$15,000	None	NONE	
Third Federal Checking Account	\$50,001 - \$100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Pacific Life Annuity (Variable Portfolio Optimization Model A-14)	None	None	NONE	
	Pacific Life Annuity Diversified Bond	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity Floating Rate Loan	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity High Yield Bond	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity Managed Bond	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity Large Cap Value	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity Short Duration Bond	\$1,001 - \$15,000	None	NONE	
	Pacific Life Annuity Managed Bond	\$1,001 - \$15,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by 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 reimbursed or paid directly 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Delta Sigma Theta Sorority Inc.	January 3-4	Cleveland- Chicago- Cleveland	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc. New Orleans Alumnae Chapter	January 28-30	DC-New Orleans- DC	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc.	February 4-8	Cleveland-DC	N	Y	N	NONE
Delta Sigma Theta Sorority Inc. Atlanta Alumnae Chapter	February 11-13	DC- Atlanta- DC	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc.	March 17- 19	DC- Puerto Rico- DC	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc.	June 8-12	Cleveland- Chicago - DC	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc.	July 15-17	DC- Las Vegas - Cleveland	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc.	July 22- 23	DC- Austin- DC	Y	Y	N	NONE
Delta Sigma Theta Sorority Inc. San Francisco Alumnae Chapter	October 21-23	Cleveland - San Francisco - Cleveland	Y	Y	N	NONE

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Delta Sigma Theta Sorority Inc.	October 28-30	DC- Puerto Rico - DC	Y	Y	N	NONE

SCHEDULE IX - AGREEMENTS

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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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
05/2012	Myself and State of Ohio	Legislative Pension

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule VII	All trips were taken for my position as past National President of Delta Sigma Theta Sorority Inc.	