

JUN 10 2013

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

Period covered: January 1, 2012 - Dec 31, 2012

For use by candidates and new employees

LEGISLATIVE RESOURCE CENTER  
2013 JUN 13 AM 10:53  
U.S. HOUSE OF REPRESENTATIVES

Name: Anthony D. Portantino

Daytime Telephone: \_\_\_\_\_

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>CA</u>	Date of Election: <u>UNDETERMINED</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: _____	Employing Office: _____		

In all sections, please type or print clearly in blue or black ink.

## 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"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. 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 II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. 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 III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input 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 a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION — 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"/>

Page 78

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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# SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name

Anthony P. Pappalardo

Page

3 of 3

## 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), 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., "rental property," and the city and state.

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 personal checking or savings 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 II requirements, please refer to the instruction booklet.

## BLOCK B

### Value of Asset

Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."

\* This column is for assets solely held by your spouse or dependent child.

## 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 "Tax-Deferred" 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 assets for which you checked "Tax-Deferred" in Block C, 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.

\* This column is for income derived from assets solely held by your spouse or dependent child.

### Current Year

### Preceding Year

A None  
B \$1 - \$1,000  
C \$1,001 - \$15,000  
D \$15,001 - \$50,000  
E \$50,001 - \$100,000  
F \$100,001 - \$250,000  
G \$250,001 - \$500,000  
H \$500,001 - \$1,000,000  
I \$1,000,001 - \$5,000,000  
J \$5,000,001 - \$25,000,000  
K \$25,000,001 - \$50,000,000  
L Over \$50,000,000  
M Spouse/DC Asset over \$1,000,000\*

NONE  
DIVIDENDS  
RENT  
INTEREST  
CAPITAL GAINS  
EXCEPTED/BLIND TRUST  
TAX-DEFERRED  
Other Type of Income  
(Specify: e.g., Partnership Income or Farm Income)

I None  
II \$1 - \$200  
III \$201 - \$1,000  
IV \$1,001 - \$2,500  
V \$2,501 - \$5,000  
VI \$5,001 - \$15,000  
VII \$15,001 - \$50,000  
VIII \$50,001 - \$100,000  
IX \$100,001 - \$1,000,000  
X \$1,000,001 - \$5,000,000  
XI Over \$5,000,000  
XII Spouse/DC Income over \$1,000,000\*

I None  
II \$1 - \$200  
III \$201 - \$1,000  
IV \$1,001 - \$2,500  
V \$2,501 - \$5,000  
VI \$5,001 - \$15,000  
VII \$15,001 - \$50,000  
VIII \$50,001 - \$100,000  
IX \$100,001 - \$1,000,000  
X \$1,000,001 - \$5,000,000  
XI Over \$5,000,000  
XII Spouse/DC Income over \$1,000,000\*

SP: SP Mega Corp. Stock  
DC Examples: Simon & Schuster  
JT: 1st Bank of Paducah, KY accounts

CH Bank Accounts

Capital One

Partners Accounts

First Enterprise Bank

School Bus Share SLA

College Board 529

For additional assets and unearned income, use next page.

## Continuation Sheet (if needed)

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Page 4 of 8[illegible]

## Continuation Sheet (if needed)

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Page 5 of 8

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## Continuation Sheet (if needed)

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Page 1 of 8

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# **SCHEDULE III — LIABILITIES**

Name

*Anthony P. Pinafiro*

Page 7 of 8

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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001 — \$15,000	\$15,001 — \$50,000	\$50,001 — \$100,000	\$100,001 — \$250,000	\$250,001 — \$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	Spouse/DC Liability over \$1,000,000
ST	<i>Greenleaf Plastics, Illinois</i>	<i>Dec 2008</i>	<i>Mortgage on 1346 Milwaukee #111346 Milwaukee CT</i>				<input checked="" type="checkbox"/>							

# **SCHEDULE IV — POSITIONS**

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
<i>Member (Appointed)</i>	<i>California Film Commission (uncompensated)</i>

# **SCHEDULE V – AGREEMENTS**

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
12/2002	City of Lancaster Flightlog Co	Members of City of Lancaster Flightlog Co for 5 years Service on City Council - Estimated \$80,000 per month @ 55

# **SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Not Applicable	Not Applicable