								,
S	Yes	pendent child	or liabilities of a spouse or dependent child ith the Committee on Ethics.	me, transactions, first consulted w	earned" incor	er assets, "ur swer "yes" un	EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Com	8 E
Š	Yes 🔲	ot be	ther "excepted trusts" need not be spendent child?	nics and certain our spouse, or a d	nmittee on Eth	ed by the Con	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent ch	dig 기
S	EACH OF THESE QUESTIONS)F THESE	- ANSWER EACH O	RMATION -	ST INFO	OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ען
	response.	ach "Yes" ı	schedule attached for each "Yes"	appropriate s	and the	e answered	Each question in this part must be	
N _o	Yes 🗌	5,000 from	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.	VI. Did you receive compens a single source in the two print frame, complete and attach	No U	Yes X	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.	abi abi
N _S	Yes	angement	any reportable agreement or arrangement entity? e and attach Schedule V.	V. Did you have any reportab with an outside entity? If yes, complete and attach	8	Yes 🔀	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.	∓a n∈
_ □	Yes 🔀	efore the date two years?	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.		No No	Yes 🔲	L 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.	₹ @ -
			IONS	ANSWER EACH OF THESE QUESTIONS	I OF THE	ER EACH	PRELIMINARY INFORMATION — ANSWI	PF
	more wall so days law.					Office:	In all sections, please type or print clearly in blue or black ink.	₹ F
who files	LD.	A \$200 per against an	Check if Amendment	ot Nav How	Date of Election:		e for the Representatives er or	
	(Office Use Only)	5					6	
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DE CENTER	LEGISLATIVE RESOURCE CENTER	LEGISI	lidates and new employees	For use by candidates and		5,292	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - Hoy /	ת כ
age 1 of	MAY 1 4 2012 Page 1 of 3	MEY	FORM B			ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name John W. Daylass Page 2 or 3

Douglas Aerospace, LC	S. Examples:		Asset and/or Income Source Identity (a) each asset hold 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 "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.
×		\$250,001 - \$500,000	BLOCK B Value of Asset Value of Asset reporting year. If you use a raluation method other than fair market value, please specify the nethod used. f an asset was sold during the eporting year and is included only because it generated neome, the value should be None."
Cosulting	X Royalites	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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.
×	×××	None	Amount of Income For retirement accounts that do not allow you to choose specific investments <u>or</u> 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.
×	×	None	BLOCK D Amount of Income Amount of Income Amount of Income Amount of Income Se specific investments <u>or</u> that gener-deferred income (such as 401(k) plans s), you may check the "None" column other assets, indicate the category of by checking the appropriate box Dividends, interest, and capital even if reinvested, must be disseven if reinvested, must be diswas income. Check "None" if no was earned or generated.

SCHEDULE III — LIABILITIES

Name
John
W. D.
glass
Page 3of

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 furnitively. ling 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. ture, 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 sib-

				JT DC,
	Sonale FCU	Pentagan FCU	Example: First Bank of Wilmington, DE	Creditor
	Feb. 2011	201 201	May 1998	Date Liability incurred mo/year
	Car Loan	Car Logo	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	X			\$10,001— \$15,000
		X		\$15,001— \$50,000
				\$50,001— \$100,000
			×	\$100,001— \$250,000
			<u> </u>	\$250,001— m \$500,000 m \$500,001—
			\vdash	\$1,000,000
f f			-	\$5,000,001—
			\vdash	\$25,000,000 - \$25,000,001 \$50,000,000

SCHEDULE IV - POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-

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 a political party or campaign organization);

Position	Name of Organization
Trustee	James Though I-lallaned Grane
Hanon Road Martin	Republics
Tage of Member	~``
- 1	-