UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT															
	FOR ANNUAL AND TERMINATION REPORTS Last Name First Name and Middle Initial Annual Report Senate Office / Accord in Which Feedbard														
Last Name					Annual Report	·	Senate Office / Agency in Wh	ich Employed							
Cantwell		Maria E.			Calendar Year Cov	ered by Report:	U.S. Senator		<u> </u>						
Senate Office Address (Number, Street, Cit	y, State, and ZIP Code)	Senate Office Telephone	Number (Include	Area Code)	Termination Report		Prior Office / Agency in Which	h Employed							
311 Hart Senate Office Building Washington, DC 20510		202-224-3441			Termination Date	•	N/A								
AFTER READING T	HE INSTRUCT	TIONS - ANSW	ER EAC	H OF 1	HESE QUES	STIONS AN	ID ATTACH THE	RELEVANTE	ART						
			YES	NO				YES	NO						
Did any individual or organization	make a donation to	charity in lieu of		Did	you, your spouse,	or dependent c	hild receive any reportable	e travel or	NO						
paying you for a speech, appeara If Yes, Complete and Attach PAR	nce, or article in the I	reporting period?		reir	nbursements for to n one source)? es, Complete and	avel in the repor	ting period (i.e., worth mo	ore than \$335							
Did you or your spouse have earn investment income of more than \$ reporting period? If Yes, Complete and Attach PART	5200 from any reporta T.II.	able source in the		X I tha	you, your spouse, n \$10,000) during t es, Complete and	the reporting per	hild have any reportable f riod? I.	iability (more							
Did you, your spouse, or depende more than \$1,000 at the end of the investment income of more than \$ If Yes, Complete & Attach PART is	iling in the														
reportable asset worth more than If Yes, Complete and Attach PAR	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV. Do you have any reportable agreement or arrangement with a entity? If Yes, Complete and Attach PART IX.														
Did you, your spouse, or depende reporting period (i.e., aggregating exempt)? If Yes, Complete and Attach PART	more than \$335 and	reportable gift in the not otherwise		X \$5,0	nis is your FIRST R 000 from a single s es, Complete and	source in the two	eceive compensation of prior years?	more than							
Each qu	estion must b	e answered a	nd the a	ppropr	iate PART at	ttached for	each "YES" res	ponse.							
File this report and any an	nendments with	the Secretary of	the Sena	te. Offic	e of Public Re	cords Poor	232. Hart Senate C	Office Building 1	1 0						
Octiate, Washington, DC 2	.0510. \$200 Pen	iaity for filing mo	re than 30) davs a	fter due date.				J.G.						
This Financial Disclosure State by the Office of the Secretary of the Ethics. Any individual who	ement is required both the Senate to an knowingly and will	y the Ethics in Gove y requesting persor fully falsifies, or who	ernment Ac upon writte knowingly	t of 1978,	as amended. T	he statement v	- O-1 O-1	FOR OFFICIAL US Do Not Write Below							
Stimmer Scrionoria. (See 3 O.S.	.C. app. 4, § 104, a	and 10 0.5.C. 9 100	л.)						7.						
Certification I CERTIFY that the statements I		Signature of Rep	orting Individu	ial	grandagen eleganos a processor de la companya de l	Date (N	Nonth, Day, Year)	12	CB						
have made on this form and all									· ; · · ·						
attached schedules are true,			305	Tokson of American States Tokson of American		T/11	-1221	5	خار بيد. بيد						
complete and correct to the best of my knowledge and belief.	//tou	in Con	de			3//5	12012	 ,							
	F	or Official Use Only - [Not Write	2010vy Thio				<u></u>	= in i						
It is the Opinion of the reviewer that		Signature of Re			LINB	D-4- ()	Annih David								
the statements made in this form		<u> </u>		-+ 		Date (N	fonth, Day, Year)	₽							
are in compliance with Title I of the Ethics in Government Act.	<u> </u>				·-			ີ່ຕໍ	(7) [7]						

Reporting Individual's Name Cantwell, Maria E.	F	'AR	T !	IIA.	. F	2 U	BL	ICI	_Y	TR	:AI	DE	D A	AS	SE	TS	- 3 A	NE	ט ט	NE	ARNE	ΞD	IN	CC	M	E S	SO	UR	CE	S		Pag	e Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publications	At the close of reporting period. If None, or less than \$1,001,									BLOCK C Type and Amount of Income If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.															n. This								
traded asset held by you, your spouse, o					1eck	the 11	irst c	Olum	m.			Ì			•	Тур	e o	f Inc	CON	ne						Am	OUI	nt o	f In	con	ne		
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		None (or less than \$1,001) \$1,001 - \$15,000	5,001	١ ،	\$100,001 - \$250,000	_	<u>'</u>	Over \$1,000,000***	0,001 - \$5,000,00	01-\$25,0	00,001 - \$50,000,	Over \$50,000,000		Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$5,000	\$15,000	\$15,001 - \$50,000	- \$100,000	1 - \$1,000,000	000,000	00,0001 - \$5,000,000	ရွ	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)				x										х							Example		х										Example
or J (S) Keystone Fund				<u> </u>	х													Х			Example	X									\Box		Example
1 RealNetworks, Inc (stock)							×							×			×											×					
2 US Bank Checking			×													×						×					-						
RealNetworks - 401(k) Retireme	ent			×											-													_					
4 William Blair International Grov	∕∕th	×												×	·			×				×						-					
5 Vanguard Retirement Savings Tr	rust	x												×				×		:		×							1				_
6 Vanguard Windsor II Fund		×												×	:			×				×		_									
7 Morgan Stanley Institutional Fund Small Company G	irowth	×												×			_	×				×											
8 American Beacon Small Cap Val	ue	×								Ì				×				×				×	\dashv										
9 Vanguard Total Bond Market Index Fi	und	×	T											×			-	×				×							\dashv	\dashv	\dashv		
10 American Funds Growth R-4 Cl	ass		×						一					×				×				×	\dashv										
EXEMPTION TEST (see instructions before marking to the This category applies only if the asset is/was held in	ox): If y independ	ou om dently	itted by th	any a e spo	isset i iuse c	becar or der	use il pend	i mes	ets th	e thre	ee-pa	art te set is	st fo	or exe	empti er he	ion de Id by	escri the	bed i	n the	instr atly h	ructions, pleed, use the	ease e oth	chec er ca	ck bo	x to t	the ri	ight.	as an	l	riate.			

Reporting Individual's Name PARTILIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES Cantwell, Maria E. **BLOCK C BLOCK B BLOCK A** Type and Amount of Income Valuation of Assets Identity of Publicly Traded Assets And Unearned Income Sources If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This At the close of reporting period. includes income received or accrued to the benefit of the individual. If None, or less than \$1,001, Report the complete name of each publicly Check the first column. **Amount of Income** traded asset held by you, your spouse, or Type of Income your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the Actual close of the reporting period; and/or . \$25,000,000 - \$50,000,000 Amount Excepted Investment Fund Other \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 (2) generated over \$200 in "unearned" \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 - \$1,000,000 income during the reporting period. Required \$250,001 - \$500,000 \$100,001 - \$250,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Qualified Blind Trust \$50,001 - \$100,000 Over \$1,000,000*** (Specify Type) Include on this PART IIIA a complete Over \$1,000,000*** - \$50,000 Over \$50,000,000 \$15,000 \$5,000,000 \$15,000 "Other" - \$2,500 \$5,000 identification of each public bond, mutual Excepted Trust \$201 - \$1,000 Specified Capital Gains fund, publicly traded partnership interest, \$25,000,001 Dividends \$500,001 excepted investment funds, bank \$2,501 -\$5,001 -\$15,001 Interest accounts, excepted and qualified blind None Rent trusts, and publicly traded assets of a retirement plan. X Example Example S, IBM Corp. (stock) Example: DC, Example Example Keystone Fund (S) RealNetworks - 401(k) Retirement Dodge & Cox International Stock Fund X Fidelity Money Market Portfolio Class III(FCOXX) EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Page Number

Reporting Individual's Name Cantwell, Maria E.	P	PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES														Number 3																	
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sourc Report the name, address (city, state an	At the close of reporting period.										Type and Amount of Income Type of Income Amount of Income																						
description) of each interest held by you	1,			Une	eck ti	ne m	ist C	olum	n.				Type of Income																				
your spouse, or your dependent child (Sp.3, CONTENTS OF REPORTS Part B Instructions) for the production of incomor investment in a non-public trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned income during the reporting period. Include the above report for each underlying asset, which is not incidental the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		\$1,001 - \$15,000	-	<u>'</u>		1 - \$5(1-\$	000	\$1,000,001 - \$5,000,000	001 - \$25,000	,001 -	,000,00		Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)		\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\sim 1	***000,000,1	\$1,000,001 - \$5,000,000		Actual Amount Required if "Other" Specified
S. JP Computer, Software Design Example: DC, Wash DC				X	J								Ļ	X	_		<u> </u>				Example		х						:				Example
or J Undeveloped land, Dubuque, Io Cantwell 2000 Receivable (Campaign		+			X				•			\vdash	Ľ	1		-					Example	×					:						Example
			:						×	,.		<u> </u>	×		┝			1	ļ		<u></u>	<u> </u>							····· -				
2																<u> </u>																	
3																											1						l
4					П																												
5																																	
6																T							 			<u> </u>							
7			_										╟	†		1						T								,			
8		 						···					厂		 			ļ		 			 								ļ —		
9		1			extstyle ext				-		-									-													
10															<u> </u>										-								
EXEMPTION TEST (see instructions before marking This category applies only if the asset is/was held	box): If you	ou omi lently t	tted a by the	ny as	sset b	ecai r dep	use it cende	mee	ets th	e thr	ee-p	art te set is	est f	or exe s eith	empt er he	ion deld by	escri the	bed i	n the or join	instr	uctions, pl eld, use th	ease e oth	ched	k bo	x to t	he ri	ight. Ive, a	is ap	propi	riate.	·	<u></u> -	

Rep	corting Individua	Maria E.	RT IV. TRANSACTIONS														÷f	
							ouni	of	Tran	sac	tion	(x)						
			nge by you, your spouse, or dependent ORTS Part B of Instructions) during the		nsact ype (x													
ot In- in- be	reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.						Transaction Date (Mo., Day, Yr.)	,001 - \$15,000	5,001 - \$50,000	\$50,001 - \$100,000	00,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	'er \$1,000,000***	\$1,000,001 - \$5,000,000	,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
		ldentificat	tion of Assets	Pı	Sale	Excl		\$1	\$	\$5	\$	\$2	\$5	Ó	€\$	\$5	\$2	Ó
,	S, Examp l e: DC	IBM Corp. (stock)		X			2/1/1X		X			E	X	A	M	Р	L	Ε
	or .	. • • • • • • • • • • • • • • • • • • •	VASDAQ/OTC		X		1/27/1X				X	Ę	X	Α	M	Р		Ε
1	Re	alNetworks (stock) NASDAQ			X		5/10/11				×							
2	1	delity Money Market Portfo	olio Class III(FCOXX) (Mutual Fund)	×			5/10/11				X							
3	Fic	telity Money Market Portfoli	o Class III(FCOXX) (Mutual Fund)	×			8/23/11				X							
4				`														
5																		
6							· ····											
7						1		ļ										
8			1-200															
9							. ————————————————————————————————————											
10		· · · · · · · · · · · · · · · · · · ·		<u> </u>														<u> </u>
11		<u>. </u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>		 										
12				<u></u>				 										
EX	EMPTION TE	ST (see instructions before marki applies only if the asset is/was held	ree-part is/was e	test for either he	exempted by the	tion described in the ins	tructi the ot	ons, pl ner cat	lease egorie	check s of v	box talue, a	o the	right.	e.				

	porting Individuat's i antwell, Maria			PART VII.	LIAB	ILITIE	S		•							Page Number				
di pe se	ONTENTS Our ing the report of the properties of the report	F REPORTS Part orting period. Checkle: (1) Mortgages of tomobiles, householders.	ed by you, your spous of Instructions), to a k the highest amount n your personal resided furniture or appliants. See Instructions	Date Incurred	Interest Rate	Term if Applicable	001 - \$15,000	000 - \$50,000	001 - \$100,000	001 - \$250,000	001 - \$500,000	001 - \$1,000,000	\$1,000,000,1\$	0,001 - \$5,000,000	01 - \$25,000,000	001 - \$50,000,000	\$50,000,000			
	Name o	of Creditor	Address	Type of Liability				ဝ်	\$15,	\$50,	\$100	\$25(\$500	Over	\$1,0	\$5,0	\$25,000,	Over		
	S, Example: DC,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		Е	Х	Α	M	Р	L	E		
	or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	Qn dmd				x	E	x	Α	М	Р	L.	E		
1	US B	ank	St. Paul, MN	Credit Card	2010	7.24%			X									コ		
2	US B	ank	St. Paul, MN	Mortgage on personal residence (DC)	2009	5.375	30yrs					×					\dashv			
3	Wells	Fargo Bank	Des Moines, IA	Mortgage on personal residence (WA)	2003	5.50%	30угѕ		:			×					\dashv			
4	US B	ank	St. Paul, MN	Home Equity Line of Credit- DC residence Variable interest	2003	2.25%	15угѕ			×										
5	US B	ank	St. Paul, MN	Home Equity Line of Credit-WA residence Variable interest	2006	4.00%	25yrs		×											
6																	1			
7						-														
8			· · · · · · · · · · · · · · · · · · ·														+	\dashv		
9					_															
10			<u> </u>				<u>-</u>								_					
11														\dashv			\dashv	_		
12	Service of the property of the service of the servi		. 								-			\dashv			+	\dashv		
EX	EMPTION TEST	see instructions before ma es only if the asset is/was h	orking box): If you omitted any eld independently by the spous	y asset because it meets the three-part test for it e or dependent child. If the asset is/was either het	exemption d by the fik	described er or jointly	in the inst held, use t	tructio	ns, ple er cate	ease (check s of va	box to	o the i	right.	<u> </u> s.			7		