UNITED STATES HOUSE OF REPRESENTATIVES



ETHICS IN GOVERNMENT ACT—CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A—For Use By Members, Officers, and Employees

who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in ered position. A clear postmark is accepted as the filing date. A \$200 late filing fee shall be assessed against any individual who files more than or above the "senior staff" rate (\$119,553.60) for at least 60 days in calendar year 2011 and any employee designated by a Member as a princi-Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001. 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or pal assistant must file a Financial Disclosure Statement on or before May 15, 2012. A termination report must be filed within 30 days of leaving a cov-WHO MUST FILE AND WHEN: Each Member of the House of Representatives, officer, and employee of the Legislative Branch compensated at

REPORTING PERIOD: The period covered by this Disclosure Statement is calendar year 2011, unless otherwise indicated. Gifts and reimbursements received during any period in the calendar year when the reporting individual was not a Member, officer, or employee need not be disclosed

www.ethics.house.gov. 20515. Telephone: (202) 225-7103. Additional forms and instructions may be obtained from the Clerk of the House, or the Committee's Web site WHERE TO OBTAIN ASSISTANCE: Committee on Ethics, U.S. House of Representatives, 508 Ford House Office Building, Washington, DC

sion request must be *received* (not postmarked) no later than the due date. Requests for extensions of time for filing must be in writing and addressed to the Committee (or the relevant legislative branch agency). An exten-

fiduciary relationship) were totally prohibited. staff" rate was \$26,955. In addition, certain types of income (notably honoraria, directors' fees, and payments for professional services involving a INCOME AND GIFT LIMITS: The 2011 limit on outside earned income for Members of the House and employees compensated at or above the "senior

connection with a Committee investigation. envelope for transmitting the list is included in each Member's filing package. Any such list will remain confidential unless it needs to be examined in should be separately filed with the Committee on Ethics at H2-508 in the Ford House Office Building. Do not send the list to the Clerk. A green LIST OF CHARITIES (HONORARIA): A list of charities to which payments were directed on account of speeches, appearances, or articles by the filer

account numbers, from any attachments BEFORE FILING: Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section being continued. Type or print your name at the top of each page filed. Redact any confidential information, such as PINs or

ANSWER EACH QUESTION ON THE PRELIMINARY INFORMATION PAGE, and attach the appropriate schedule for each "Yes" response. Sign

Remove this cover page before filing

Separate pages and file only those required. Do not file blank schedules.

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612

Filing Instructions for Employees: File a signed original and one photocopy of your report, including all attachments Filing Instructions for Members: File a signed original and two photocopies of your report, including all attachments.

UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT - FORM A

Please provide the following information. Your address and signature WILL NOT be made available to the public.

RTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED	Filer Status: Member	(Complete Address — Office or Home)	(Print Full Name)
E REPORTING INDIVIDUAL AND DATED	Officer or Employee	Home)	(Daytime Telephone)

CE

and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in Government the public and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies or who knowingly The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to Act (5 U.S.C. app. 4 §§ 101–111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached		
true, complete, and correct to the best of my knowledge and		
belief.		

Members must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW

(5 U.S.C. app. 4 §§ 101–111).	is in compliance with Title I of the Ethics in Government Act	Financial Disclosure Statement, that the reporting individual	It is my opinion, based on the information contained in this	Certification	
				Signature of Certifying Individual	
				Date	

S S	Yes	child because	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	, "unearned" income, tran you have first consulted v	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.
No U	Yes	closed. Have you	d certain other "excepted trusts" need not be dis	Committee on Ethics and spouse, or dependent ch	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?
S	QUESTIONS	OF THESE Q	— ANSWER EACH	R TRUST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	"Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes No	ld have any reportable rting period?
8	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes No	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.
S S	Yes	or before the date	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 No	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.
8	Yes	d receive any n the reporting	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 No	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.
No	Yes	receive any regating more	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 No	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.
			E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER
assessed more than	\$200 penalty shall be a painst anyone who files m days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: 3e Termination Date:	Officer or Employee Amendment	Filer Status Member of the U.S. State: Status House of Representatives District: Report Type Annual (May 15, 2012) Ame
	(Office Use Only)	(Off	Daytime Telephone:	Daytime	Name:
Page 1 of	Pag		Form A For use by Members, officers, and employees	VES E STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
		_			

Name	
Page	
_ of	

SCHEDULE I—EARNED INCOME

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.

Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education State of Maryland State	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary

Name	
v	
Page	
of.	

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
_	Speech	Feb. 2, 2011	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2011	\$500

SCHEDULE III— ASSETS AND "UNEARNED" INCOME

Name Page

Asset and/or Income Source **BLOCK A**

more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For **all IRAs** and other retirement plans (such as 401(k) Þ

For rental or other real property held for investment, provide a complete address.

 ϖ

C

D

Ш

П

Q

ェ

ے

 $\boldsymbol{\mathsf{x}}$

_

_

=

≡

<

<

≤

≦

 \leq

 $\overline{\times}$

×

 \succeq

portion of

If only a

sold, please an asset is ing the reporting period.

tion in Block A. ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business

Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

None

1 - 1,000

\$1,001 - \$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

EXCEPTED/BLIND TRUST

(Specify: e.g., Partnership Income or Farm Income)

for exam-

(S) (partial)

follows: indicate as

See below

Over \$50,000,000

NONE

RENT

None

1 - 200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000

σ, Q, m

DIVIDENDS

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

×

 \times

Royalties

 \times

 \times

ഗ

(partial)

×

DC, SP,

Examples

Simon & Schuster

Indefinite

1st Bank of Paducah, KY Accounts

Mega Corp. Stock

Value of Asset

BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close <u></u>

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None."

gains, even if reinvested, must be that generate tax-deferred income Check all columns that apply. For if the asset generated no income dur disclosed as income. Check "None" Dividends, interest, and capital retirement accounts that do not allow may check the "Tax-Deferred" column. you to choose specific investments <u>or</u> (such as 401(k) plans or IRAs), you

Type of Income

BLOCK C

earned or generated. the appropriate box below. Dividends, cate the category of income by checking For assets for which you checked "Tax-Deferred" in Block C, you may check the income. Check "None" if no income was reinvested, must be disclosed as interest, and capital gains, even if "None" column. For all other assets, indi-

BLOCK D

Amount of Income

ransaction

BLOCK E

9

year. \$1,000 in or exchanges asset had reporting (E) exceeding (P), sales (S) purchases Indicate if the

Ġ,
additional
assets
and
ssets and unearned in
come
, use next
t page.

т

SCT	SCHEDULE III—ASSETS AND "UNEARNED" INCOME	<u>;</u>	\subseteq	Ē	₽	Ž	П) "	Ž	င္ပ	Ž	Ш									Name	ē										Pa	Page_	of
	BLOCK A Asset and/or Income Source				_	<u> </u>	BLOCK B Year-End	BLOCK B	BLOCK B Year-End	<u> </u>							.	BLOCK C Type	BLOCK C Type	ရှိကိုဂ်	⁵		, II	ğ	≗ []	BLOCK D	9 옷 []		BLOCK D Amount of Income	ō			 _	BLOCK E
S.P.		⊳	Œ	0	D	т	П	Q	I	_	_	_	_			-							_	=	=	<	<	≤	≦	<u></u>	×	×		ם
DC,			000		- \$50,000	- \$100,000	- \$250,000	- \$500,000	- \$1,000,000	01 - \$5,000,000	01 - \$25,000,000	001 – \$50,000,000		,000,000	De	D3)T		ED/BLIND TRUST		pe of Income	e.g., nip Income or									- \$1,000,000	1 - \$5,000,000	JU,000	ш °с
		None	\$1 - \$1,0	\$1,001 -									Over \$50	NONE	DIVIDEN	RENT	INTERES	CAPITAL	-	TAX-DEF		(Specify:	None	\$1 – \$200	\$201 – \$1	\$1,001 -	\$2,501 -	\$5,001 -	\$15,001 -	\$50,001 -			Over \$5,0	
																																	++	
																+																		
																																	+	
																																	-	
																																	+	
		П		П			Н	Н						Н	Н		Н	\vdash	H	Н			Ш	\vdash	Н	Н		\vdash			\vdash	\vdash	\vdash	

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real proportions.			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.	SP, DC, JT Asset	Example: Mega Corpo								
Type of Transaction	Iransa		SALE		×								
e	Ction	IANGE	EXCH										
)	Box if Capital xceeded \$200	Check E Gain Ex										
Date	Date	(MO/DAY/YR) or Quarterly, Monthly, or	Bi-weekly, if applicable		10–12–11								
		>	\$1,001- \$15,000										
			\$15,001- \$50,000		×								
Am	A	0	\$50,001- \$100,000										
int	Junc	0	\$100,001 \$250,000										
Amount of Transaction	0	0 '''	\$250,001 \$500,000										
rans	rans	1- 000 TI	\$500,001 \$1,000,0										
	acti	000	\$1,000,00 \$5,000,00										
] on	,000	\$5,000,00 \$25,000,0										
		,001- ,000 –	\$25,000,0 \$50,000,0										
[ر,000 ح	Over \$50,000,										

SCHEDULE V— LIABILITIES

Name Page ____ of __

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 year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); 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 preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

	SP,	JT,				
		Creditor	Example: First Bank of Wilmington, DE			
Date	Liability	Incurred Mo/Year	May 1998			
		Type of Liability	Mortgage on 123 Main St., Dover, DE			
П	٨	\$10,001- \$15,000				
	B	\$15,001- \$50,000				
	C	\$50,001- \$100,000				
Amou	D	\$100,001- \$250,000 \$250,001-	×			
nt of	ш	\$500,000				
Amount of Liability		\$500,001- \$1,000,000				
Ţ) "'	\$1,000,001- \$5,000,000				
	00	\$5,000,001- \$25,000,000 \$25,000,001				
	00 –	\$50,000,000 \$50,000,000				
Ш	00 ح	\$50,000,000				

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source Example: Mr. Joseph H. Smith, Anytown, Anystate	Description Silver Platter (determination on personal friendship received from Committee on Ethics)
_		

Name	
Page	
of _	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you. **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

								Examples:	
							Roycroft Corporation	Chicago Chamber of Commerce	Source
							Aug. 6–11	Mar. 2	Date(s)
							DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
							~	z	Lodging? (Y/N)
							Y	z	Food? (Y/N)
							Υ	Z	Was a Family Member Included? (Y/N)
							2 Days	None	Number of days <u>not</u> at sponsor's expense

Rep 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

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

Position

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

Date	Parties To	Terms of Agreement