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 MUST FILE AND WHEN: Each Member of the House of Representatives, officer, and employee of the Legislative Branch compensated at 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 principal 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 covered 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 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 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 Government Act (5 U.S.C. app. 4 §§ 101–111) and 18 U.S.C. § 1001.

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.

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

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

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

LIST OF CHARITIES (HONORARIA): A list of charities to which payments were directed on account of speeches, appearances, or articles by the filer 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 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 connection with a Committee investigation.

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 account numbers, from any attachments.

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

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

<u>Filing Instructions for Members:</u> File a signed original and two photocopies of your report, including all attachments.

<u>Filing Instructions for Employees:</u> File a signed original and one photocopy 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.

(Print Full Name) (Daytime Telephone)

(Complete Address — Office or Home)

Filer Status: ☐ **Member** ☐ **Officer or Employee**

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to the public and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies or 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 Government 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 financial disclosure statement and all attached schedules are 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

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

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees

Name: **Daytime Telephone:**

(Office Use Only)

Filer Status	☐ Member of the U.S. House of Representatives	State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☐ Annual (May 15, 2012)	☐ 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** ☐ **No** ☐	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** ☐		
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** ☐ **No** ☐	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** ☐		
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** ☐ **No** ☐	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** ☐		
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** ☐ **No** ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐ **No** ☐		
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** ☐ **No** ☐	**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** ☐ **No** ☐
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** ☐ **No** ☐

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.

Source		Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	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
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	$2,000
	XYZ Magazine	Article	Aug. 13, 2011	$500

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SCHEDULE III—ASSETS AND “UNEARNED” INCOME

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 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.

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.

For a detailed discussion of Schedule III 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.”

BLOCK C
Type of Income

Check all columns that apply. 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 “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.

BLOCK E
Transaction

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

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.

P, S, E

Block B – Value of Asset

SP, DC, JT	Asset and/or Income Source	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
SP	Examples: Mega Corp. Stock					X							
	Examples: Simon & Schuster		Indefinite										
	Examples: 1st Bank of Paducah, KY Accounts						X						

Block C – Type of Income

Asset and/or Income Source	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
Mega Corp. Stock		X			X			
Simon & Schuster								Royalties
1st Bank of Paducah, KY Accounts			X					

Block D – Amount of Income; Block E – Transaction

Asset and/or Income Source	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	Block E P, S, E
Mega Corp. Stock				X								S (partial)
Simon & Schuster									X			
1st Bank of Paducah, KY Accounts						X						

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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	BLOCK A **Asset and/or Income Source**	BLOCK B **Year-End Value of Asset**												BLOCK C **Type of Income**								BLOCK D **Amount of Income**											BLOCK E **Transaction**
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
		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	Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	

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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 property held for investment that exceeded $1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (*i.e.,* "partial sale").** See example below.

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	Type of Transaction: PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded $200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction: A $1,001-$15,000	B $15,001-$50,000	C $50,001-$100,000	D $100,001-$250,000	E $250,001-$500,000	F $500,001-$1,000,000	G $1,000,001-$5,000,000	H $5,000,001-$25,000,000	I $25,000,001-$50,000,000	J Over $50,000,000
SP	*Example:* Mega Corporation Common Stock (partial sale)		X			10–12–11		X								

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SCHEDULE V— LIABILITIES

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, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					$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
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						

SCHEDULE VI— GIFTS

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.

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.

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

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	$375

Use additional sheets if more space is required.

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.

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

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SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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 political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

SCHEDULE IX—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

Use additional sheets if more space is required.