		HAND
UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	DELIVERED 101
		20370 12 10 F-31
Name: MICHAREL E. CULLINS Daytim	e Telephone:202-225-4524	u.
		(Office Use Only) 7/2
Filer Status Member of the U.S. State: Office Empl  Report Type X Annual (May 15, 2013) Amendment		A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THE		
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?  Yes X  No	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., aggr than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	receive any egating more 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.	VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in period (worth more than \$350 from one source if yes, complete and attach Schedule VII.	the reporting
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.	VIII. Did you hold any reportable positions on o of filing in the current calendar year? If yes, complete and attach Schedule VIII.	r before the date  Yes  No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No S1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or a an outside entity?  If yes, complete and attach Schedule IX.	rrangement with 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.	Each question in this part rappropriate schedule attached	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER <u>EACH</u> O	FTHESE QUESTIONS
IPODid you purchase any shares that were allocated as a part of an Initial Public Offeri	ng?	Yes No 🔀
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics excluded from this report details of such a trust benefiting you, your spouse, or dependen		closed. Have you Yes No
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, they meet all three tests for exemption? Do not answer "yes" unless you have first consult		child because Yes No

Name Michael E. COLLINS PE	age 2 019
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# SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current of more during the preceding calendar year. For a spouse, list the source and amount of any honoraria exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and ber	a; list only the source for other s	pouse earned incom
Source	Туре	Amount
Keene State State of Maryland Civit War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$9,000 \$1,000 NA
John Lewis for Congress Campayor Committee	Schony	26,955

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

Name MICHAEL E. CXIINS	Pag

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### 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
kamples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2012 Aug. 13, 2012	\$2,000 \$500

Asset and/or Income Source  Identify (a) each asset held for Investment or production of laceme with a sex acceding 51.000 at a fair market value exceeding 51.000 at the end of the reporting period, and (b) any other reportable asset or sources of lincome which general consumers that do not all market value, please specify the method allow you or choose specific investing the reportable asset of sources of lincome which general air market value, please specify the method allow you or choose specific investing the reportable asset and color retirement accounts that do not allow you or choose specific investing the reportable asset of sources of lincome during the year.  For all first as addition of the order of the reporting year and is included only because it generated only because it generated only because it generated that capture that accedes the reporting principle to the value for each asset held in the value should be "None."  *This column is for assets held solely by your spouse or dependent child.  *This column is for assets held solely by your spouse or dependent child.  *A B C D E F G H I J K L M I I I I I I I I I I I I I I I I I I	BLOCK A	_	ON		-	IAF			_	.01	AI C	-		-	_			-	-			1.111	_		_	_	_	_		_	_			_	DI DOME
Indicate value of asset at close of reporting of second with a bit mander value exceeding \$1,000 at interest value exceed		1															т.																		BLOCK E
property: and a city and state.  For an ownership interest in a privately-heid business had is not publicly traded, state the name of the business. The nature of its activities, and its geographic location in Block A.  Exclude: Vour personal residence, including segment of the control of the activities, and its geographic location in Block A.  Exclude: Vour personal residence, including the reporting period); any deposits total income during the reporting period); any deposits total income during the reporting period); any deposits total income during the reporting period); any deposits total income source is that of your spouse (FI) in the optional column on the lar left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.  A B C D E F G H I J J K L M M  A B C D D E F	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) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, pro-	yelfailus If a an inc	ar. It r ma ed. an a d is come	f yo arke asse in e, th	t was	e of se a alue as s fed alue is f	as: val ple old onl sho	set uation ease duri y b ould	at con responding to the technical state of t	close neth ecify the r	od y th repo it e."	othe ne n ortin gen	er theneth	nan nod ear ted	ret alk me inc fR/ De es: ve inc	eck irem ow yents ents come As), ferre t, and sted come	all ent ou to (si you di ca	colu aci o ch nat g uch i mi colun ipita inusti heci no	inns cour icos gene as ay ( nn. I il ga be k N	thats e sp rate 401 checolvid ins,	at a that ecif tax (k) ck t deno	pply. For do not ic invest- deferred plans or the "Tax- ds, Inter- on if rein- osed as the asset	TN the ap an be no	eferrone can	sset: coli tegoriati pita clos coli	s for in E urnin ory e bo al ga sed was urnin ald	Block Slock of ox be ins, as as as as	hick k C r all inco slow ever inco rner	other of or	ou ou mera: by vide rein c. Ch	check ssets che nds nves neck erate	ched s, in- eckin , int sted, c "No ed.	ck to dica ig to tere , mu one'	the ate the st, ust " if	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting
SP. SP Mega Corp. Stock Simon & Schuster It St Bank of Paducah, XY Accounts  X X X Royalties  X X X S (part X X X S )  Simon & Schuster  Indefinite  X X X Royalties  X X X S (part X X X X X X X X X X X X X X X X X X X	property, and a 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 loca-	A	В	С	D	Ε	F	G	н	3	1	к	L	м								ne)	-	ıs	111	ľ	v	VI	VII	VIII	ıx	x	ХÍ	ХII	if only a portion of an asset is sold, please indicate as
DC. Examples: Simon & Schuster 1st Bank of Paducah, KY Accounts   Indefinite   X   X   X   X   X   X   X   X   X	Exclude: Your personal residence, including second homes and vacalion 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 lederal 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 lar left.  For a detailed discussion of Schedule III requirements.	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	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., Partnershly Income or Farm Incom	None	11		\$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	Spouse/DC Income over \$1,000,000*	follows; (S) (partial) See below for example.  P, S,
GreeTree Morty X X X X X X X X X X X X X X X X X X X	DC, Examples: Simon & Schuster		Inc	defin	ite	X	x									X		х	X			Royalties				X		x			x				S (partial)
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For additional assets and unearned income, use next page.

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name MICHAL CULLIAS Page 5019

	tinuation Sheet (if needed)																		I	Na	me	MI	C	H	14	_		CI C		-(0	ري		P	age	509
	BLOCK A Asset and/or Income Source				Va	Y	ear	-Er	hr	et								Ty f In	pe						Am			of		con	ne				BLOCK E
SP, DC, JT		None	\$1-\$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	0		\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000		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)		\$1 - \$200 =						\$50,001 - \$100,000		000'000	- 1	Spouse/DC Income over \$1,000,000*	P. S. E
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## SCHEDULE IV-TRANSACTIONS

Name MicHard E. Collins Page Lo of 9

lependent i leid for inve	purchase, sale, or exchange transactions by you, your spouse, or child during the reporting period of any security or real property serment that exceeded \$1,000. Include transactions that resulted loss. Provide a brief description of any exchange transaction.		Type ansac	tion	_0	Date			1	lmoi	unt (	of Tra	nsa	ction	1		
exclude transurchase on ncome. If on la! sale"), ! Capital Gail 200, check	ioss. Provide a unital description of any exchange transaction, setween you, your spouse or dependent children, or the reale of your personal residence, unless it generates rental nly a portion of an asset is sold, please so indicate (i.e., "par-See example below."  In a sales transaction resulted in a capital gain in excess of the "capital gains" box and disclose this income on Schedule III.  In is for assets solely held by your spouse or dependent child.	PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- ta	\$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-	\$55,000,001-	S50,000,000	Over \$1,000,000*
P, DC, JT	Asset						0,07	0,07		0, 0,	0,0,	0,0	63 63	07 03	47 47	0 0,	
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		Х									
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SCHEDULE \	1- L	IAI	BIL	ITI	ES
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Name Michiel	E CO(1,NA	Page 7 of 9

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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); 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. "This column is for liabilities held solely by your spouse or dependent child.

		Date					A	mour	nt of L	iabilit	y			
SP, DC, JT	Creditor	Liability Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001-	\$100,001- \$250,000 □	\$250,001- \$500,000 m	\$500,001- \$1.000,000 m	\$1,000,001-	\$5,000,001- \$25,000,000 H	\$25,000,001-	Over \$50,000,000	Spoure/DC Listbilly A
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	Wright Portman Fed Credit	2000	Credit Cord		×									
	Wright Portman Fed Credit Gree Tree	2007	Credit Card 400 week Peachtree st Atlanta, G.P.				X							
	Seterus	2006	44 Peachtree R, Atlantigo	-			X							
	ACS	2007	Bon K UF America	1.	×									

#### 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 MICHAEL E. COLLINS	Page 8 of
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### 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				Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 611	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
A A A A A A A A A A A A A A A A A A A						
		,				
	Chicago Chamber of Commerce	Chicago Chamber of Commerce Mar. 2	Chicago Chamber of Commerce Mar. 2 DC—Chicago—DC	Chicago Chamber of Commerce Roycroft Corporation  Mar. 2 Aug. 611  DC—Los Angeles—Cleveland Y	Chicago Chamber of Commerce Roycroft Corporation  Mar. 2 Aug. 6–11  DC—Los Angeles—Clevetand  Y  Y	Chicago Chamber of Commerce Mar. 2 DC—Chicago—DC N N N N Y Y Y Y Y

SCHEDIII E	VIIIPOSITIONS			Name Council E. C	olline	Page 9 of 9		
Report all pos	itions, compensated or	r uncompensated, held during	ng the current cal	lendar year as an officer, director, ship, or other business enterprise,	trustee of an organi	zation, partner,		
organization, o	or any educational or other	her institution other than the	United States.	sinp, or other business enterprise, i	iny nonprom organic	and in any tabor		
	tions listed on Schedule litions solely of an hono		ous, social, frater	nal, or political entities (such as pol	itical parties and cam	paign organiza-		
Р	osition	Name of Organization						
Boxrd n	rember	Faith end	Politics	: Instruct				
				•				
SCHEDULE	IX-AGREEMEN	ITS						
government se	rvice; continuation or d	ral terms of any agreement of leferral of payments by a for stained by a former employer	mer or current em	th respect to: future employment; a nployer other than the U.S. Govern	leave of absence dur ment; or continuing p	ring the period of articipation in an		
Date	Parties To			Terms of Agreement				

Use additional sheets if more space is required.

GPO: 2012 72-583 (mac)