

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - April 30, 2012

Name: Elizabeth Esty

Daytime Telephone:

**HAND
DELIVERED**
LEGISLATIVE RESOURCE CENTER

2012 MAY 30 AM 9:57

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: Connecticut	Date of Election: 08/14/2012	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: 5	Employing Office:		

In all sections, please type or print clearly in blue or black ink.

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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 a 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

SCHEDULE I – EARNED INCOME (INCLUDING HONORARIA)

Name Elizabeth Esty

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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 (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Esty & Associates	Salary	\$0	\$6,000
State of Connecticut	Salary	\$0	\$2,764
Thomas Henderson Enterprises	Director's Fee	\$250	\$250
Esty & Associates	Spouse Salary	\$0	N/A
Esty Environmental Partners	Salary/Distribution	\$0	N/A
Kepler Associates	Spouse-Honorarium	\$0	\$15,000
EMI Strategic Marketing	Spouse-Honorarium	\$0	\$11,000
Raphael Sagalin, Inc.	Spouse - Royalty	\$4,509	\$4,373
State of Connecticut	Spouse Salary	N/A	N/A
Yale University	Spouse Salary	\$0	N/A
1105 Media	Spouse-Honorarium	\$0	\$10,000

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elizabeth Esty

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SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income					BLOCK D Amount of Income																																	
		None A	\$1 - \$1,000 B	\$1,001 - \$15,000 C	\$15,001 - \$50,000 D	\$50,001 - \$100,000 E	\$100,001 - \$250,000 F	\$250,001 - \$500,000 G	\$500,001 - \$1,000,000 H	\$1,000,001 - \$5,000,000 I	\$5,000,001 - \$25,000,000 J	\$25,000,001 - \$50,000,000 K	Over \$50,000,000 L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year											Preceding Year																					
																					I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Over \$5,000,000	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Over \$5,000,000									
	Esty & Associates 401(k)																																																				
	-Invesco Money Mkt Fund R			X																																																	
	Lincoln Money Guard								X																																												
	Whole Life Policy:																																																				
	Lincoln Choice IRA:																																																				
	Fidelity Contrafund				X																																																
	LVIP SSGA 500				X																																																
	FT Sm-Mid Cap				X																																																
	LVIPT RP McG				X																																																
	Del. Emerging Markets				X																																																
	LVIP SSGA EmM				X																																																
	LVIP Am Gbl SmC				X																																																
	LVIP Am Gbl Growth				X																																																
	LVIP Gbl Inc.				X																																																

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elizabeth Esty

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DC	Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income																							
								None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Current Year						Preceding Year																								
		A	B	C	D	E	F							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI									

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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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DC	Asset and/or Income Source	BLOCK B Value of Asset													None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK D Amount of Income																						
		A	B	C	D	E	F	G	H	I	J	K	L	I								II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
DC																																												

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elizabeth Esty

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SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income																							
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		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	\$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	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	
DC	Fidelity Blue Chip Growth				X											X																												
DC	Fidelity Growth & Inc.										X						X																											
DC	Fidelity Blue Chip G							X																																				
DC	Wells Fargo Checking										X																																	
DC	Wells Fargo Bank Acct.									X																																		
DC	Bank of America Checking															X																												

SCHEDULE III – LIABILITIES

Name Elizabeth Esty Page 17 of 18

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 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability																
				A \$10,001 – \$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							
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X													
	NA																			

SCHEDULE IV – POSITIONS

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 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 a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Director	Thomas Henderson Enterprises, Inc.

Use additional sheets if more space is required.

SCHEDULE V - AGREEMENTS

Name Elizabeth Esty

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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
	Sidley Austin	Pension - \$600/month at retirement age

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate NA	Accounting services