

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Name: **PETER A SESSIONS**

Daytime Telephone:

**HAND DELIVERED**

Form A  
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2013 MAY 15 PM 5:08 MC

Filler Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <b>TX-32</b>	<input type="checkbox"/> Officer or Employee
Report Type	Annual (May 15, 2013)		
	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

U.S. HOUSE OF REPRESENTATIVES  
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.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	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.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
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.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>	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.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
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.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	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.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
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.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
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.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input 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**

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?

**Yes**  **No**

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**

**SCHEDULE I—EARNED INCOME**

Name **PETER A. SESSIONS** | Page        of       

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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
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

**VERIZON**

**Spouse Salary**

**NA**

**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.

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Name \_\_\_\_\_

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### SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **PETER A. SESSIONS**

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For additional assets and unearned income, use next page

### SCHEDULE III—ASSETS AND “UNEARNED” INCOME

### Continuation Sheet (if needed)

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**SCHEDULE III—ASSETS AND “UNEARNED” INCOME**

Continuation Sheet (if needed)

 Name **Peter A. Sessions**

 Page of 1

Asset and/or Income Source	BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E											
	Year-End Value of Asset												Type of Income												Amount of Income												Transaction																							
SP, DC, JT	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, E																																		
SP SUSQUEHANNA BANC																																																												
SP SYNNEX CORP																																																												
SP T.J.X. COS INC																																																												
SP UNITED PARCEL SERV																																																												
SP UNITED TECHNOLOGIES																																																												
SP UNITED HEALTH GROUP																																																												
SP WEATHERFORD INTL LTD																																																												
SP LIBERTY TRUST																																																												
SP INTEL BUSINESS PARTNERS																																																												
SP APPLE INC																																																												
Analyst Capital Management																																																												
Energy Transfer Partners																																																												
Frontier Communications																																																												
BP PLC																																																												
Industrial Income Trust																																																												
Magellan Midstream Partners																																																												
AT & T	X	X	X	X	X	X	X	X	X	X	X	X																																																
Congressional Credit Union	X	X	X	X	X	X	X	X	X	X	X	X																																																
ExxonMobil	X	X	X	X	X	X	X	X	X	X	X	X																																																
American Century																																																												
Karen L. Lee	X	X	X	X	X	X	X	X	X	X	X	X																																																

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### SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **PETER A SESSIONS**

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### **SCHEDULE III—ASSETS AND “UNEARNED” INCOME Continuation Sheet (if needed)**

### Continuation Sheet (if needed)

Name PETER A. Sesslans

Page \_\_\_\_\_ of \_\_\_\_\_

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
	A	B	C	D	E	F	G	H	I	J	K	L			
SW Securities Money Market													None		
USA A Annuity													\$1 - \$1,000		
Tekes Private Sector Trust													\$1,001 - \$15,000		
Bremer Bank	X												\$15,001 - \$50,000		
Burlington Northern								X					\$50,001 - \$100,000		
Citizen's Bank							X						\$100,001 - \$250,000		
								X					\$250,001 - \$500,000		
									X				\$500,001 - \$1,000,000		
										X			\$1,000,001 - \$5,000,000		
											X		\$5,000,001 - \$25,000,000		
											X		\$25,000,001 - \$50,000,000		
												X	Over \$50,000,000		
													NONE		
												X	DIVIDENDS		
													RENT		
												X	INTEREST		
													CAPITAL GAINS		
												X	EXCEPTED/BLIND TRUST		
													TAX-DEFERRED		
													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
													None		
												X	\$1 - \$200		
													\$201 - \$1,000		
													\$1,001 - \$2,500		
												X	\$2,501 - \$5,000		
													\$5,001 - \$15,000		
												X	\$15,001 - \$50,000		
													\$50,001 - \$100,000		
												X	\$100,001 - \$1,000,000		
													\$1,000,001 - \$5,000,000		
												X	Over \$5,000,000		

## SCHEDULE IV— TRANSACTIONS

Name **PETER A. SESSIONS**

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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 child, 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.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	SP	Example: Mega Corporation Common Stock (partial sale)		Type of Transaction	Date	Amount of Transaction	Check Box if Capital Gain Exceeded \$200										
							(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A	B	C	D	E	F	G	H	I	J
SP	EMERSON ELECTRIC CO.			X	4-26-12	X											
SP	WEATHERFORD INTL			X	4-22-12	X											
SP	BECTON DICKINSON & CO.			X	4-16-12	X											
SP	BHP BILLITON LTD			X	4-15-12	X											
SP	WEATHERFORD INTL			X	4-15-12	X											
SP	INTL BUSINESS MACHINES			X	4-22-12	X											
SP	APPLE INC			X	4-19-12	X											
SP	ABBOTT LAB			X	11-18-12	X											
SP	AFFILIATED MANAGERS GROUP			X	11-08-12	X											
SP	AGILENT TECHNOLOGIES			X	12-26-12	X											
SP	AUTOMATIC DATA PROCESSING			X	11-08-12	X											
SP	CHESTNUT MOUNTAIN GO			X	11-08-12	X											
SP	CONAGRA FOODS INC.			X	11-08-12	X											
SP	CONOCOPHILLIPS			X	11-08-12	X											
SP	JOHNSON & JOHNSON			X	11-08-12	X											
SP	MICROSOFT CORP			X	11-08-12	X											

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, or

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.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JI	Example:	Mega Corporation Common Stock (partial sale)	Asset
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# SA MENELA EXPLORATION

3P PEPSICO INC

SP  
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H

SP. BENTON: C. M. B.

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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. **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.

Name **PETER A. SESSIONS**

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## 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.

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

Use additional sheets if more space is required

## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Peter A Sessions

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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.

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
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Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	DC—Chicago—DC	Mar. 2	DC—Chicago—DC	N	N	N	None

Hoyleton Corporation Aug. 8-11 DUS Aligres—Cleaveland 1 1 1 2 days

## 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.

tions); and positions solely of an honorary nature.

## 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