UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

FORM A — For use by Members, officers, and employees

HAND DELIVERED MC

2013 MAY 15 AM 11:24

(Office Use Only)

Timothy J. Walz
(Full Name)

(Daytime Telephone)

Filer Status	☑ Member of the U.S. House of Representatives — State: MN, District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ 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

		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.**	☑	☐
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.**	☐	☑
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.**	☑	☐
IV.	Did you, your spouse, or 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.**	☑	☐
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.**	☑	☐
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.**	☐	☑
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.**	☐	☑
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.**	☐	☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☑	☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
IPO--	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	☐	☑
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?	☐	☑
Exemptions--	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.	☐	☑

SCHEDULE I - EARNED INCOME

Name Timothy J. Walz

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.

Source	Type	Amount
Mankato Area Public School	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy J. Walz

	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) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental 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 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 **Year-End 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." * This column is for assets held solely by your spouse or dependent child.	BLOCK C **Type of Income** Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), *you may check the "None"* 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. * This column is for income generated by assets held solely by your spouse or dependent child.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
DC	American Balanced Fund 529	$1,001 - $15,000	DIVIDENDS/Capital Gains	$1 - $200	
P	Education Minnesota not self-directed (American United Life Insurance Company)	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Education Minnesota not self-directed (American United Life Insurance Company)	$15,001 - $50,000	INTEREST	$2,501 - $5,000	P
	Mass Mutual Life Insurance/Mass Mutual (whole)	$15,001 - $50,000	INTEREST	$201 - $1,000	P
SP	MN Retirement Assn not self-directed	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	MN Retirement Assn not self-directed	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy J. Walz

SP	NW Mutual Life Insurance (whole/term)	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Remainder Interest in family farm, Boyd County, NE	$15,001 - $50,000	INTEREST	NONE	
	Rental Unit - 12 Valley View Place, Mankato, MN	$100,001 - $250,000	RENT	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Timothy J. Walz

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, JT	Asset	Type of Transaction	Capital Gain in Excess of $200?	Date	Amount of Transaction
	American United Life Insurance Company/Mass Mutual (whole)	P	N/A	Monthly	$1,001 - $15,000
SP	Education Minnesota not-self directed (Great American Financial Resources)	P	N/A	Monthly	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Timothy J. Walz

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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Chase		Revolving	$15,001 - $50,000
JT	MBNA - Bank of America		Revolving	$10,001 - $15,000
JT	CitiMortgage	March 2005	Mortgage on 12 Valley View Place, Mankato, MN 56001	$100,001 - $250,000
JT	Chase Home Finance	March 2005	Line of Credit on 12 Valley View Place, Mankato, MN 56001	$50,001 - $100,000
JT	American Express		Revolving	$10,001 - $15,000

SCHEDULE IX - AGREEMENTS

Name Timothy J. Walz

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
12/22/2010	Mankato Area Public Schools	Leave Without Pay Through 01/02/2013
12/22/2010	MN Teacher Retirement Assn not self directed	Leave Without Pay Through 01/02/2013