

LARRY BUCSHON, M.D.
8TH DISTRICT, INDIANA

COMMITTEE ON
EDUCATION AND THE WORKFORCE
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SUBCOMMITTEES:
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REPUBLICAN POLICY COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-1408

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LEGISLATIVE RESOURCE CENTER
2012 JUN -5 PM 3:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
<http://bucshon.house.gov>

HAND
DELIVERED

MC

June 5, 2012

Hon. Karen Haas
Clerk of the US House of Representatives
H-154, the Capitol
Washington, DC 20515

RE: Amended Financial Disclosure

Dear Ms. Haas,

Due to an administrative error my original 2011 Financial Disclosure omitted information regarding privately sponsored travel.

Accompanying this letter is an amended report with Schedule VII completed showing the travel taken in August 2011 which had approval by the House Ethics Committee.

If you have any questions regarding this matter, please direct them to my Chief of Staff, Jonathan Causey. He can be reached via House Email or at 202-225-4636.

Sincerely,



Larry Bucshon
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

Page 0 of 0
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Rep. Larry D. Bucshon
 (Full Name)

812-604-5812
 (Daytime Telephone)

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Filer Status: Member of the U.S. House of Representatives
 State: IN District: 08
 Officer Or Employee
 Employing Office:
 Termination Date:
 Report Type: Annual (May 15) Amendment Termination

US HOUSE OF REPRESENTATIVES
 (Office Use Only) BK
 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 <input checked="" type="checkbox"/> No <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.	Yes <input type="checkbox"/> No <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.	Yes <input type="checkbox"/> No <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.	Yes <input checked="" type="checkbox"/> No <input 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.	Yes <input checked="" type="checkbox"/> No <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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input 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.	Yes <input checked="" type="checkbox"/> No <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

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

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.
 Yes No

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Rep. Larry D. Bucshon

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 reimbursed or paid directly 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Fund	Aug 20-28	DC - Israel - DC	Y	Y	Y	None