

**HAND DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees  
LEGISLATIVE RESOURCE CENTER

2013 JUN -3 AM 9:33

Name: Lois J. Frankel Daytime Telephone: \_\_\_\_\_

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

*ML*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Florida</u>	District: <u>22nd</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Termination Date: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<p><b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b></p>		

**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 type="checkbox"/> No <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.	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 checked="" type="checkbox"/> No <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.	Yes <input type="checkbox"/> No <input checked="" 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"/>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>	

**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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I — EARNED INCOME**

Name Lois J. Frankel

Page 2 of 19

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	Type	Amount
Examples: Kaerne State State of Maryland Civil 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
State of FL Retirement	Pension	\$10,947.48
Morgan Stanley Smith Barney LLC	IRA Distribution	\$8,000.00
Morgan Stanley Smith Barney LLC	IRA Distribution	\$30,000.00
Morgan Stanley Smith Barney LLC	IRA Distribution	\$112,213.61

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

**SCHEDULE III -- ASSETS AND "UNEARNED" INCOME**

Name Lois J. Frankel

Page 3 of 19

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction													
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 account; and any financial interest in or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>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.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p>													<p>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 "Tax-Deferred" 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.</p>							<p>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.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p>												<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>													
				A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	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
SP	DC	JT																				Royalties																									
																X																															

For additional assets and unearned income, use next page.





# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lois J. Frankel

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	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII						
	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	\$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	Spouse/DC Income over \$1,000,000*								
Semptra Energy			X																	X		X																		
Sonoco Products Co			X																	X		X																		
SPDR Gold Tr Gold Shs			X																	X		X																		
St Jude Medical Inc			X																	X		X																		
Sun Communities Inc			X																	X		X																		
Suntrust BKS			X																	X		X																		
Sysco Corp			X																	X		X																		
Teco Energy			X																	X		X																		
Telephone and Data Systems Inc			X																	X		X																		
Xcel Energy Inc			X																	X		X																		
Xerox Corp			X																	X		X																		
Zimmer Hldgs Inc			X																	X		X																		
Morgan Stanley IRA (Managed by WHV Investment Mgmt) Assets owned within the IRA:																																								
Cash				X																		X																		
M&S Liquid Asset Fund				X																		X																		
Agrium Inc				X																		X																		
Axa Ads				X																		X																		
BASF SE SP Adr				X																		X																		
BHP Billiton LTD				X																		X																		

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# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Lois J. Frankel**

Page **8** of **19**

SP, DC, JT	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	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII			
		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*																								
	Rio Tinto Plc Spon Adr			X																																		
	Schlumberger LTD			X																																		
	Suncor Energy Inc New Com			X																																		
	Talisman Energy Inc		X																																			
	Teck Resources LTD			X																																		
	Tenaris S.A.			X																																		
	Transocean LTD			X																																		
	Trican Well Svcs Co Ltd			X																																		
	UBS AG New			X																																		
	Unilever NV NY Sh New			X																																		
	Vale S.A			X																																		
	Weatherford International Ltd			X																																		
	Morgan Stanley IRA (Managed by Newgate Capital Mgmt LLC) Assets owned within the IRA:																																					
	Cash		X																																			
	Morgan Stanley Bank N.A.				X																																	
	AAC Technologies Hldg Inc		X																																			
	Advanced Semicondctr Eng Sp Adr		X																																			
	Agile PPTY Hldgs Ltd Adr		X																																			

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**SCHEDULE III—ASSETS AND "UNEARNED" INCOME**

Continuation Sheet (if needed)

Name Lois J. Frankel

Page 10 of 19

SP DC, JT	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	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII								
		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	\$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		Spouse/DC Income over \$1,000,000*								
	Industrial & Coml Bk China Adr		X																		X																						
	Infotys Limited Adr		X																			X																					
	Ishares Msci Sh Korea Ind Fd					X																X																					
	Itau Unibanco Multiple Adr							X														X																					
	Jiangxi Cooper Co Ltd									X												X																					
	JSC MMC Norlisk Nickel Adr									X												X																					
	KB Financial Grp Inc Sons Adr									X												X																					
	Keppel Corp Ltd Adr Sponsored									X												X																					
	Las Vegas Sands Corporation									X												X																					
	LG Display Co Ltd Adr									X												X																					
	Market Vectors Eff India SIC									X												X																					
	Mobile Telesystems O/jsc									X												X																					
	Naspers Limited Ads									X												X																					
	Oil Co Lukoil Spn Adr										X											X																					
	Pacific Rubiales Energy Co New									X												X																					
	Petroleo Bras SA Ads									X												X																					
	Petroleo Brasileiro Sa Adr									X												X																					
	Posco Ads									X												X																					
	Pt Bk Mandiri Persero Tbk Unsp									X												X																					
	Pt Perusahaan Gas Negara Perse									X												X																					
	Sberbank Russia Sponsored Adr									X												X																					

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**SCHEDULE III—ASSETS AND "UNEARNED" INCOME**  
Continuation Sheet (if needed)

Name Lotis J. Frankel

Page 11 of 19

SP, DC, JT	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	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII												
		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	\$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		Spouse/DC Income over \$1,000,000*												
	Shinhan Financial Group Co Ltd		X																	X																											
	Silicon Prec Ind Ltd Sp Adr		X																	X																											
	Silver Standard Resources Inc			X																X																											
	Southern Copper Corp			X																X																											
	Taiwan Smcndctr Mfg Co Ltd Adr					X														X																											
	Tata Motors Ltd				X															X																											
	Tencent Hldgs Ltd Unspn Adr				X															X																											
	Tim Participacoes Sa Spon New				X															X																											
	Turkiye Garanti Bankasi A S				X															X																											
	Vale S A					X														X																											
	Yamana Gold Inc				X															X																											
	Yandex N.V. A				X															X																											
	Zijin Mang Grp Co Lid Adr Cl H				X															X																											
	Zoomlion Heavy Indus Uns Adr				X															X																											
	Morgan Stanley IRA Managed by The Roosevelt Invest. Group Inc) Assets owned within the IRA.																																														
	Cash				X															X																											
	MS Liquid Asset Fund				X															X																											
	Alexion Pharm Inc				X															X																											
	Apple Inc				X															X																											

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**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**  
Continuation Sheet (if needed)

Name Lois J. Frankel

Page 16 of 19

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	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII															
Neste Spon Adr Rep Reg Shr																					X																												
Northrop Grumman Cp																					X																												
Occidental Petroleum Corp De																					X																												
Oracle Corp																					X																												
Pfizer Inc																					X																												
Philip Morris Intl Inc																					X																												
PNC Finl Svcs Gp																					X																												
PPG Industries Inc																					X																												
Prudential Financial Inc																					X																												
St Jude Medical Inc																					X																												
Stanley Black & Decker Inc																					X																												
Target Corporation																					X																												
Thermo Fisher Scientific Inc																					X																												
Travelers Companies Inc Com																					X																												
Tyco International Ltd New																					X																												
United Parcel Service Inc Cl B																					X																												
United Technologies Corp																					X																												
Viacom Inc New Class B																					X																												
Vodafone GP Plc Ads New																					X																												
Walt Disney Co Hidg Co																					X																												
Wells Fargo & Co New																					X																												





**SCHEDULE V— LIABILITIES**

Name Lois J. Frankel

Page 18 of 19

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 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 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	K Spouse/DC Liability Over \$1,000,000*		
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X									
	GMAC Mortgage	Dec. 2010	Mortgage on 4 Interlachen Circle West Palm Beach, FL 33401				X									

**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.

**SCHEDULE VIII—POSITIONS**

Name Lois J. Frankel

Page 19 of 19

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.

Position	Name of Organization
Partner	Real Estate Associates Limited III
Partner	8400 Plaza Associates

**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
Vested 2002	Myself and State of Florida	Pension annuity for service in state legislature
03-31-11	Myself and City of West Palm Beach	Retiree Life Insurance, Retiree VEBA Retiree Health Insurance-not exercised

Use additional sheets if more space is required.