

MEMBER REPORT

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT

CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

2011 AUG 12 10:10:55

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Thomas A. Marino

570-932-1161

(Print Full Name)


(Daytime Telephone)

358 Kinley Drive Cogan Station, PA 17728

(Complete Address -- Office or Home)

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions (See U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		8/12/2011

Members must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW

Certification	Signature of Certifying Individual	Date (Month, Day, Year)
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with Title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
 For use by Members, officers, and employees

Thomas A. Marino
 (Full Name)

570-932-1161
 (Daytime Telephone)

2011 APR 12 11:10:45

(Office Use Only)

Filer Status

Member of the U.S. House of Representatives
 State: PA District: 10

Officer Or Employee
 Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

Annual (May 15) Amendment Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

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

<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Thomas A. Marino

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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) 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
Mark Oberheim, D.M.D.	Spouse Salary	N/A
Eric Couture, Collegeville, PA	Attorney Fees (Prior to House Employment)	\$11,108
JDM Consultants, Watsonstown, PA	Consulting Fees (Prior to House Employment)	\$9,125
Bob Pine, Auburn, NY	Attorney Fees (Prior to House Employment)	\$4,120
Costopoulos, Foster & Fields, Lemoyne, PA	Attorney Fees (Prior to House Employment)	\$2,500
IRA Distributions	IRA Distributions	\$113,515

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas A. Marino

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically 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		Year-End 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 and is included only because it is generated income, the value should be "None."	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.	Amount of Income 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. 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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	PNC Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	MDM Valley Properties	\$100,001 - \$250,000	None	NONE	
SP	Chloe & Co., Inc. - Food Manufacturer - Cogan Station, PA 17728	\$1,001 - \$15,000	None	NONE	
JT	The Reef at Marathon Condo Association, Marathon, FL	\$1 - \$1,000	RENT	\$1,001 - \$2,500	
JT	Rental Property 1 - 4450 Winrun Court, St Cloud, FL	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT	Rental Property 2 - 3771 Cedar Hammock Trail, St Cloud, FL	\$100,001 - \$250,000	RENT	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas A. Marino

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	AXA Equitable Life Insurance - Incentive Life (Variable Life Insurance Policy) - SEE ATTACHMENT 1	\$50,001 - \$100,000	None	NONE	
	AXA Advisors - LPL Financial - Investment Portfolio SEE ATTACHMENT 2	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)

SCHEDULE IV - TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	AXA Advisors - LPL Financial - Investment Portfolio SEE ATTACHMENT 2	S(part)	Yes	SEE ATTACHMENT 2	\$50,001 - \$100,000
SP	AXA Adisors - LPL Financial IRA SEE ATTACHMENT 3	S	No	May 2010	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Thomas A. Marino

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. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Wells Fargo Mortgage	October 2005	Mortgage on 4450 Winrun Ct., St. Cloud, FL	\$100,001 - \$250,000
JT	American Home Mortgage	November 2006	Mortgage on 3771 Cedar Hammock Trail, St. Cloud, FL	\$250,001 - \$500,000
JT	Citi Dividend World Mastercard	December 2010	Revolving Charge	\$10,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Thomas A. Marino

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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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Treasurer (uncompensated)	Order Sons of Italy in America - Grand Lodge of Pennsylvania