

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE REPORT

For New Members, Candidates, and New Employees

FORM B

13 JULY 10 2005
C C

Name: Richard Ojeda

Daytime Telephone: 704-734-1100

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>NC</u>	District: <u>09</u>	<input type="checkbox"/> Check if Amendment	U.S. House
	<input type="checkbox"/> Candidates – Date of Election: _____				
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable):			Period Covered: January 1, _____ to _____	
Employing Office: _____	<input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant			A \$200 penalty shall be assessed against any individual who files more than 30-days late.	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR

- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes X No

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes No X

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes No X

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes No X

G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes X No

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or dependent child?

Yes No X

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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 A – ASSETS & “UNEARNED INCOME”

Name: Richard Ojeda	Page: 2 of 7
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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																																																																								
<p>Identify: (a) each asset held for investment or indicates value of asset at close of the reporting period. If your Check all columns that apply. For accounts that exceed the reporting period, specify the method used.</p> <p>(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 any 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 bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$6,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., geographic location in Block A.</p> <p>If 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); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately traded fund that is an Excepted Investment Fund, please check the “EF” box.</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 jointly held with anyone (J), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																																																																																		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Richard Ojeda

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Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New 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 you rent it out or 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 you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **"Column K is for liabilities held solely by your spouse or dependent children."**

Name: Richard Ojeda Page 5 of 7

SP DC/JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000							
	NA			\$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							
				Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
NA	

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

Name: Richard Ojeda

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement
	NA	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat the information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, State	Accounting Services
Airborne Media	Media and consulting services.

**FILER NOTES
(Optional)**

Name: Richard Ojeda

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Use additional sheets if more space is required.