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child because Yes No	ansactions, or liabilities of a spouse or dependent child because ad with the Committee on Standards of Official Conduct.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	EXEMPTION—Hathey meet all three
trusts" need not Yes No	ards of Official Conduct and certain other "excepted in spouse, or dependent child?"	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	TRUSTS—Details be disclosed. Hav
SWER EACH OF THESE QUESTIONS	- AN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
tion in this part must be answered and the schedule attached for each "Yes" response.	Each ques appropriate	V. Did you, your spouse, or a dependent child have any reportable Yes No Liability (more than \$10,000) during the reporting period?	V. Did you, your sp liability (more than If yes, complete a
arrangement Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.	IV. Did you, your spouse, or a depe or exchange any reportable asset ir \$1,000 during the reporting period? If yes, complete and attach Scheu
r before the date Yes No No	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.	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.	III. Did you, your s income of more th reportable asset w
receive any 1 the reporting Yes No	VII. Did you, your spor reportable travel or rei period (worth more that If yes, complete and	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes No Lambda Perporting period? If yes, complete and attach Schedule II.	II. Did any individulieu of paying you reporting period? If yes, complete
receive any egating more Yes No	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)? If yes, complete and attach Schedule VI.	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 Ves No	I. Did you or your fees) of \$200 or m If yes, complete
	SE QUESTIONS	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMINAT
against anyone who files more than 30 days late.	Termination Date:	Annual (May 17, 2010) Amendment Amendment	Report Type
A \$200 penalty shall be Assessed	Employing Office:	State: MASS	Filer
U.S. HEUSE (Office Use Only)			
2010 MAY 25 AM 11: 33 1/4	Daytime Telephone: 24-325-3//	Will, An David Delahuri Daytime	Name:
Laisi Atiye resource claid			
MAY 1 7 2010	For use by Members, officers, and employees	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	CALENDAR
	Form A	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STA

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SCHEDULE I -- EARNED INCOME

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 helow

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 Am	nefits received under the Social S	Security Act. Amount
Koone State	Approved Teaching Fee	\$6,000
- $$	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
COMMONWEALTH OF MASSACHUSENTS	RUSION	55,124
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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

	C C		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name		Pageor
BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	ncome	Amount of Income	Indicate if the
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 peri-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value	Check all columns that apply, For retirement plans or accounts that do not allow you to choose specific that the specifi	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income.	asset had
which generated more than \$200 in "unearned" income during the year. For rental property or	please specify the method used.	all other assets <i>including all IRAs</i> , indicate the type of income by check-	indicate the category of income by checking the appropriate box below.	sales (S), or
land, provide a complete address. Provide full names of stocks and mutual funds (do not use	If an asset was sold during the reporting	ing the appropriate box below. Dividends and interest, even if rein-	Dividends and interest, even if reinvested, should be listed as income.	exchanges (E)
ticker symbols). For <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed	year and is included only because it generated income, the value should be	vested, should be listed as income. Check "None" if asset did not gener-	Check "None" if no income was earned or generated.	\$1,000 in
 (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on 	"None."	ate any income during calendar year.		reporting year.
each asset in the account that exceeds the reporting threshold. For retirement plans that are	A B C D E F G H - J X L	come)		If only a portion of an
not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly		arm Ind		asset is sold,
traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the		come or f		please indicate as follows: (S) (partial)
Exclude: Your personal residence(s) (unless				See below for example.
your spouse, or by you or your spouse's child, your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S.	0,000 250,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,00	NS BLIND TRU f Income tample, Partn	500 500 500 500 50,000 1,000,000 \$5,000,000	ס, מ
If you so choose, you may indicate that an asset	11,000 1 - \$1 01 - \$ 01 - \$ 001 - 001 - 0,001 -	ENDS REST FAL GA PTED Type	- \$1,0 1 - \$2 1 - \$5 1 - \$1 01 - \$ 01 - \$ 001 -	m
dependent child (DC) or is jointly held (JT), in the optional column on the far left.	\$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00 \$25,0	EXCE Other	\$1,00 \$2,50 \$5,00 \$15,0 \$50,0 \$100, \$1,00	
SP, SP Mega Corp. Stock	×	×	×	S (partial)
Examples:	Indefinite	Hoyaities	X	
1st Bank of	, ×	×	×	
CON NOT HOSE	>	×	X	
6 (. 2 b	×	XXX	×	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) BLOCK A Asset and/or Income Source Value of Asset	UNEARNED" INCO
SP.	A B C D E F G H -
DC, JT	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

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SP, DC, JT 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 SCHEDULE IV - TRANSACTIONS ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. dren, or the purchase or sale of your personal residence, unless it gener-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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-Example: Mega Coporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Туре SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) Quarterly, Monthly, or Bi-weekly, if applicable 10-12-09 Date Name \$1,001- \Box \$15,000 \$15,001-O \$50,000 \$50,001-Amount of Transaction \$100,000 \$100,001ш \$250,000 \$250,001-Ŧ \$500,000 \$500,001-Ð \$1,000,000 \$1,000,001-I \$5,000,000 Page_ \$5,000,001-\$25,000,000 \$25,000,001 \$50,000,000 으 Over \$50,000,000 ㅈ

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SCHEDULE V- LIABILITIES

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

 -	T					
	:			DC,) J	
			Example:			
			First Bank of Wilmington, Delaware	Creditor		
-			Mortgage on 123 Main St., Dover, Del	Type of Liability		
			ain St., Dover, Del.	iability		
				\$10,001- \$15,000	В	
				\$15,001- \$50,000	ဂ	i
				\$50,001- \$100,000	Q	
			×	\$100,001- \$250,000	Е	Amo
				\$250,001- \$500,000	TI	unt o
_				\$500,001- \$1,000,000	១	Amount of Liability
				\$1,000,001- \$5,000,000	Ξ	lity
	-			\$5,000,001- \$25,000,000	_	
 1		1		\$25,000,001	٠. ا	
 _			<u> </u>	\$50,000,000 Over		

SCHEDULE VI — GIFTS

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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	
			Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Standards)	Source Description Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Standards)

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 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 paid directly by the sponsor or were paid by you and reimbursed 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)	City of Departure — Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	~	2 Days
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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

	 	 	,	-
		BOARD OF TRUSTER	Position	
		Middlebury College - Middlebury Veenin	Name of Organization	

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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement