

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

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Lois G. Capps  
(Full Name)

805-730-1710  
(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representative

State: CA  
District 23

Officer Or Employee

Employing Office

Report Type ☒ Annual (May 15)

Amendment

Termination

Termination Date

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

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LEGISLATIVE RESOURCE CENTER

HAND  
DELIVERED

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

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"/>	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"/>
II. If yes, complete and attach Schedule I. 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"/>	VII. If yes, complete and attach Schedule VI. 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 checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. 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"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. 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"/>	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 QUESTION

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Lois G. Capps

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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
State Teachers Retirement System	Pension	\$18,905
University of California Retirement System	Pension	\$45,017
Taylor and Francis Group	Book Royalties	\$767
Harper Collins	Book Royalties	\$439

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are 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 traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</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 (JT), in the optional column on the far left.</p>	<p>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."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Artio International Equity Fund II</p>	None	CAPITAL GAINS	\$2,501 - \$5,000	S
<p>Congressional Federal Credit Union</p>	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
<p>Eaton Vance Tax Managed Growth Fund</p>	None	None	NONE	S
<p>Financial Network (cash, money market funds)</p>	None	DIVIDENDS/INT EREST	\$1,001 - \$2,500	
<p>Gateway Fund Class A</p>	None	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S
<p>Hussman Strategic Growth Fund</p>	None	None	NONE	PS

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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ING	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
IRA - Artio Intl Equity Fund II	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
IRA - Capitol World Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
IRA - Dodge & Cox Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
IRA - Fidelity Advisor New Insights	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
IRA - Financial Network (money market funds)	\$1,001 - \$15,000	None	NONE	
IRA - Powershares ETF Trust Wilder Hill Clean Energy	\$1,001 - \$15,000	None	NONE	
IRA - T Rowe Price Capital Appreciation	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
MET Life	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Rabobank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Santa Barbara Bank & Trust	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Studio Apartment - 1724 Santa Barbara Street, SB, CA 93101	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	
Tax Exempt Fund of CA - Class F	None	DIVIDENDS	\$201 - \$1,000	S
Van Kampen Equity & Income Fund	None	DIVIDENDS	\$201 - \$1,000	S

# SCHEDULE IV - TRANSACTIONS

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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 Transactio
	Artio Intl Equity Fund II	S	Yes	11-23-09	\$15,001 - \$50,000
	Eaton Vance Tax Managed Growth Fund	S	No	8-13-09 11-23-09	\$15,001 - \$50,000
	Gateway Fund Class A	S	Yes	11-23-09	\$15,001 - \$50,000
	Hussman Strategic Growth Fund	P	N/A	8-17-09	\$15,001 - \$50,000
	Hussman Strategic Growth Fund	S	No	11-23-09	\$15,001 - \$50,000
	Tax Exempt Fund of CA -Class F	S	No	11-23-09	\$1,001 - \$15,000
	Van Kampen Equity & Income Fund	S	No	8-13-09 11-23-09	\$15,001 - \$50,000

# SCHEDULE V - LIABILITIES

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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	Type of Liability	Amount of Liability
	Santa Barbara Bank & Trust, Santa Barbara, CA 93101	Mortgage - 1724 Santa Barbara Street, Santa Barbara, CA	\$1,000,001 - \$5,000,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name **Lois G. Capps**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 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
Aspen Institute Congressional Program	Feb. 14-20	WDC - Amman - Santa Barbara, CA	Y	Y	Y	None