more than 30 days late.		Termination Date:	Termination		Annual (May 15) Amendment	Report Type
be assessed against			Employee	District: 1	House of Kepresentatives	Status
A \$200 penalty shall	!	Employing Office:	Officer Or	State: WA	Member of the U.S.	Filer
of FIGHTICE USE DINY)		(Daytime Telephone)		le)	(Full Name)	
20 0 MAY 14 PH 12: 41		2022256311		Inslee	Jay Robert Inslee	
LEGIN ATIVE RESOURCE CENTER	1931					
	mployees	For use by Members, officers, and employees		OSURE STATEM	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	CALEND
	Page of 0	FORM A	ATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES	UNITE

= ₹ PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS you for a speech, appearance, or article in the reporting period? Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Exemptions-If yes, complete and attach Schedule V. than \$10,000) during the reporting period? 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 If yes, complete and attach Schedule II. If yes, complete and attach Schedule I. If yes, complete and attach Schedule IV. reportable asset in a transaction exceeding \$1,000 during the reporting Did any individual or organization make a donation to charity in lieu of paying Did you, your spouse, or a dependent child have any reportable liability (more Did you, your spouse, or dependent child purchase, sell, or exchange any If yes, complete and attach Schedule III. more than \$1,000 at the end of the period? Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent Standards of Official Conduct because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted Yes Yes 📋 No Υes Yes Yes \$ < **(**) č Z o 8 8 < ≤ VIII. current calendar year? × ≦ Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 entity? 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 schedule attached for each "Yes" response. Each question in this part must be answered and the appropriate If yes, complete and attach Schedule IX. If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VI. Did you hold any reportable positions on or before the date of filing in the If yes, complete and attach Schedule VII. Did you have any reportable agreement or arrangement with an outside from one source)? Yes ğ ĕ **6**8 **68** 8 | 1 < **₹** 중 **≥** Z Z 0 ö ا\$ 3 3 <

SCHEDULE I - EARNED INCOME

Self Employed Consulting

Spouse's fees

Type

₹ X

Amount

Source

Name Jay Robert inslee

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 samed income exceeding \$1,000.

684:90 Of 41 YeM

50 m

ij

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Robert Inslee	rt Inslee		Page 3 of 7
	BLOCKA	вгоск в	BLOCK C	вгоск в	BLOCK E
ASSI Identify (a) ea a fair market and (b) any o than \$200 in land, provide mutual funds retirement pli in which you investments) in the accour plans that are and its value that is not pu its activities, information, information, condenses Exclude: You debt owed to parent or sib savings acco Government if you so cho that of your s	Asset and/or Income Source income with (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 ficker 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. 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. 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),	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 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.	Amount of Income 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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
If you so cho that of your s in the option	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.				
	Advanced Micro Devices	\$1,001 - \$15,000	None	NONE	
T	Congressional Federal Credit Union	\$1,001 - \$15,000 INTERE	INTEREST	\$1 - \$200	
SP	Costco	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Dreyfus Liquid Assets money market	\$1,001 - \$15,000	None	NONE	
	Dupont	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
<u></u>	Frontier Bank	\$1 - \$1,000	INTEREST	\$1 - \$200	

ļ

ŀ

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Jay Robert Inslee	ert Inslee]
	l Shares 1-3 yr Treasury	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
	l Shares 1000 Growth	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
<u> </u> 	I Shares EAFE Sector	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
	l Shares Russell 1000 Value	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
	I Shares Russell 2000 Growth	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
) 	l Shares Russell 2000 Value	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
	l Shares Russell MicroCap	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
	I Shares S&P 400 Growth (now S&P MidCap 400)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
1	l Shares S&P 400 Value	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
	Island Press	Indefinite	Royalties	\$1,001 - \$2,500
ļ	Monsanto	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
 	Powershares Commodity Index	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
 	S&P Energy Sector	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
SP -	Starbucks	\$1,001 - \$15,000	None	NONE

ï

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Jay Robert Inslee	nt Inslee		
	Street Tracks Gold Sector	\$15,001 - \$50,000	None	NONE	
	Sun Power Corp	\$1,001 - \$15,000 None	None	NONE	
	Wing Point Golf & Country Club	None	Capital loss	\$5,001 - \$15,000	S
SP	Zumiez	\$1 - \$1,000	None	NONE	}

Page 5 of 7

Name Jay Robert inslee

Page 6 of 7

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. **J** DC, **S**P Asset Transaction Type of Capital of \$200? Excess Gain in Date **Amount of Transaction**

5

Wing Point Golf & Country Club (full sale of stock at loss of \$5,500 of original price

S

2

07-01-09

\$6,000

when acquired 07-01-98)

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jay Robert Inslee

Page 7 of 7

spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family 197 Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
U.S China Energy Forum	Feb 14-15	Seattle-Richland,WA-Seattle	Y	Y	Y	none
MIT Energy Institute	Mar 6-7	DC-Boston-DC	≺ :	≺ '	Z	none
Alliance for Justice	Aug 13-14	Aug 13-14 Seattle-Pittsburgh-Seattle	~	~	Z	none