

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 9
For use by Members, officers, and employees

Eni F. H. Faleomavaega
(Full Name)

202-225-8577
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives

State: AS District: 1

☐ 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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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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 type="checkbox"/> No <input checked="" 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"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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"/>	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 II.		If yes, complete and attach Schedule VII.	
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 type="checkbox"/> No <input type="checkbox"/>	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 III.		If yes, complete and attach Schedule VIII.	
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"/>	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 IV.		If yes, complete and attach Schedule IX.	
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"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

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

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 III - ASSETS AND "UNEARNED" INCOME

Name Eni F. H. Faleomavaega

Page 2 of 9

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>
AMERIPRISE TRUST COMPANY--IRA:					
1. RVS Inflation Protected Securities Fund-A (APSAX)		None	DIVIDENDS	\$1 - \$200	Reinvests, S
2. RVS Income Opportunities Fund-A (AIOAX)		\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P, Reinvests
JT	Residential rental property, Henderson, NV	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
SP	Ameriprise Cash	\$1,001 - \$15,000	DIVIDENDS	NONE	Reinvests
SP	RiverSource Life Insurance - RiverSource Retirement Advisor Variable Annuity	\$15,001 - \$50,000	N/A	N/A	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Eni F. H. Faleomavaega

Page 3 of 9

SP	RiverSource Life Insurance - RiverSource Retirement Advisor Advantage Plus VA	\$100,001 - \$250,000	N/A	N/A	
SP	AMERIPRISE TRUST COMPANY--IRA:				
SP	1. Ameriprise Insured Money Market	\$1 - \$1,000	DIVIDENDS	NONE	
SP	2. AIM Energy Fund-A (IENAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvests
SP	3. John Hancock Large Cap Equity Fund (TAGRX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvests
SP	4. RVS Inflation Protected Securities Fund (APSAAX)	None	DIVIDENDS	\$1 - \$200	Reinvests, S
SP	5. Wells Fargo Govt Securities-A (SGVDX)	None	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	PS
SP	6. Wells Fargo High Income-A (SHBAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P, Reinvests
SP	7. RVS Income Opps-A (AIOAX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	PS(part), Reinvests
SP	Banque de Tahiti, Papeete, Tahiti: Boreal SI (FR0000294431)	None	CAPITAL GAINS	\$201 - \$1,000	S
SP	Capital One Bank (USA), N.A.: Money market account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name **Eni F. H. Faleomavaega**

Page 4 of 9

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
AMERIPRISE TRUST COMPANY--IRA:					
	1. RVS Inflation Protected Securities Fund-A (APSAX)	S	No	07-28-09	\$1,001 - \$15,000
	2. RVS Income Opportunities Fund-A (AIOAX)	P	N/A	07-28-09	\$1,001 - \$15,000
SP	Ameriprise Insured Money Market	S	No	07-07-09	\$1,001 - \$15,000
SP	Ameriprise Cash	P	N/A	07-07-09	\$1,001 - \$15,000
SP	RiverSource Life Insurance Company - RiverSource Retirement Advisor Variable Annuity	P	N/A	Monthly	\$1,001 - \$15,000
AMERIPRISE TRUST COMPANY--IRA:					
SP	1. RVS Inflation Protected Securities Fund (APSAX)	S	No	07-29-09	\$15,001 - \$50,000
SP	2. Wells Fargo Govt Securities-A (SGV DX)	P	N/A	01-30-09	\$1,001 - \$15,000
SP	3. Wells Fargo Govt Securities-A (SGV DX)	S	No	07-29-09	\$1,001 - \$15,000
SP	4. Wells Fargo High Income-A (SHBAX)	P	N/A	07-29-09	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name **Eni F. H. Faleomavaega**

Page 5 of 9

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
SP	5. RVS Income Opps-A (AIOAX)	P	N/A	07-29-09	\$15,001 - \$50,000
SP	6. Wells Fargo Endeavor Select-A (STAEX)	S	No	01-03-09	\$1,001 - \$15,000
SP	Banque de Tahiti, Papeete, Tahiti: Boreal SI (FR0000294431)	S	Yes	05-31-09	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name: Eni F. H. Faleomavaega

Page 6 of 9

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
	Congressional Federal Credit Union - VISA	Credit card	\$15,001 - \$50,000
	USAA MasterCard	Credit card	\$15,001 - \$50,000
JT	Aurora Home Loans	Mortgage loan on residence, Provo, UT (co-signers with daughter)	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name **Eni F. H. Faleomavaega**

Page 7 of 9

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
President & Director	The Faleomavaega Community Service Foundation (uncompensated)

FOOTNOTES

Name: Eni F. H. Faleomavaega

Page 8 of 9

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Ameriprise Trust Company 10 Ameriprise Financial Center Minneapolis, MN 55474-9900	Ameriprise Trust Company - IRA accounts
2	Schedule III	RiverSource Life Insurance Company was previously IDS Life Insurance.	RiverSource Life Insurance Company
3	Schedule III	This is a variable annuity with no owner directed management.	RiverSource Retirement Advisor Variable Annuity
4	Schedule III	This is a variable annuity with no owner directed management.	RiverSource Retirement Advisor Advantage Plus VA
5	Schedule III	This is a Euro denominated money market fund. It was closed during 2009 and the corpus repatriated.	Boreal SI
6	Schedule III	Capital One Bank (USA), N.A. P.O. Box 61540 New Orleans, LA 70161	Capital One Bank (USA), N.A.-Money market account
7	Schedule IV	The 2008 Financial Disclosure reported two sales of Threadneedle Global Equity-A. One should have read Threadneedle Global Emerging Markets (IDEAX).	Sale 12-05-08 reported on 2008 disclosure form
8	Schedule V	The personal loan reported on the 2008 financial disclosure was paid off prior to 2009.	Congressional Federal Credit Union - Personal loan
9	Schedule V	The member and his wife co-signed this note for their daughter on 11/06/2006.	Aurora Home Loans
10	Schedule VIII	The Faleomavaega Community Service Foundation is dormant.	President and Director
11	Schedule III	Partial sale below Schedule IV reporting threshold.	RVS Income Opps-A

FOOTNOTES

Name Eni F. H. Faleomavaega

Page 9 of 9

Number	Section / Schedule	Footnote	This note refers to the following item
12	Schedule IV	Systematic investment.	RiverSource Retirement Advisor Variable Annuity