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8 ≻	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, trans irst consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	EXEMPTION—Have you excluded they meet all three tests for exemp
×	Yes	d trusts" need not	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?	e on Standards ng you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—Details regarding "Qualit be disclosed. Have you excluded fr
S	NOITSAUE	EACH OF THESE QUESTIONS	- ANSWER	TRUST INFORMATION	DEPENDENT, OR	EXCLUSION OF SPOUSE,
the onse.	wered and "Yes" resp	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S <sub>o</sub>	lent child have any reportable Yes X le reporting period?	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
N <sub>O</sub>	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× No	ndent child purchase, sell, a transaction exceeding Yes	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.
X	Yes	or before the date	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.	<b>№</b>	dent child receive "unearned" orting period or hold any 000 at the end of the period?  Wes X ule III.	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.
×	Yes	d receive any n the reporting	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)?  If yes, complete and attach Schedule VII.	No X	make a donation to charity in earance, or article in the Yes	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
×	Yes	receive any regating more	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.	S S	ned" income (e.g., salaries or ce in the reporting period? Yes X	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? If yes, complete and attach Schedule I.
<b>,</b>			E QUESTIONS	OF THESI	ATION — ANSWER EACH OF THESE	PRELIMINARY INFORMATION
ssessed les more	A \$200 penalty shall be seessed against anyone who files more than 30 days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	te Employing Onice:  Termination Date:	Employee	sentatives District: 38  7, 2010)  Amendment	Status House of Representatives Report Annual (May 17, 2010)
Mo	PM 3: 28	2010 MAY 14 PM 3: 28  2010 MAY 14 PM 3: 28  0FFICE OF THE SHEET ONLY  U.S. HOUSE OF (Office Use Only)	elephone: 202.125.5250	Daytime To	2011:Ha	drace Flores
Page 1 of L	HAND DELIVERED	O M E I	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUS CALENDAR YEAR 2009 F

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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 below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Ford Retirement Plan	Pension	10, 700
California Public Employees' Retirement sustem	Pension	61000

4-Plex Rental Unit	Loan to Napolitano for Congress	DC, Examples: Simon & Schuster  JT 1st Bank of Paducah, KY Accounts	SP, Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by 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. 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), in the optional column on the far left.	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.	BLOCK A  Asset and/or Income Source  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 asset 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),
*	*	Indefinite X	×	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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	BLOCK B  Value of Asset  Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
×	X Tewelry sales	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	Income or Farm Income)	BLOCK C  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 calendar year.
*	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		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.
			S (partial)	example.  P, S, E		BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

## SCHEDULE V- LIABILITIES

Name Grace Flores Napolitano

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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 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		SP, DC, JT
HSBC	Example: First Bank of Wilmington, Delaware	Creditor
Mortgage on 4-Plex Pental Property Tall Kingsbury way san Antonio, Tx	Mortgage on 123 Main St., Dover, Del.	Type of Liability
	:	\$10,001- \$15,000
		\$15,001- \$50,000
		\$50,001- \$100,000
	×	\$100,001- \$250,000 m
<b>×</b>		\$250,001- \$500,000 TO
		\$100,001- \$250,000 m \$250,001- \$500,001- \$1,000,000 G \$1,000,001-
1		\$5,000,000 -
		\$5,000,001- \$25,000,000
		\$25,000,001- \$50,000,000 <b>-</b>
		Over \$50,000,000 ズ

## SCHEDULE VI — GIFTS

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.

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			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	Exclude: Gifts from relatives, gifts of personal hosp relationship to you. Gifts with a value of \$134 or less Note: The gift rule (House Rule 25, clause 5) prohibit
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	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.  Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.
	1		\$345	Value	ndependent of his or her