	₹	Yes	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	' income, transactions, or "yes" unless you have fin	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	Exemptions. Have you excluded from because they meet all the	Ex	
	¥ €	Yes .	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?	nittee on Standards of Off ort details of such a trust t	lified Blind Trusts" approved by the Comn closed. Have you excluded from this repo	Trusts- Details regarding "Quall trusts" need not be disc child?	17	
		SNO	ER EACH OF THESE QUESTIONS	WATION - ANSWE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EA	USION OF SPOUSE, DEPE	EXCL	_
			schedule attached for each "Yes" response.	schedule atta		If yes, complete and attach Schedule V.	# ye	
	ropriate	d the app	∩ in this part must be answered and the appropriate	Each question in this	any reportable liability Yes 🕢 No [Did you, your spouse, or a dependent thild have any reportable liability (more than \$10,000) during the reporting period?	V. (mor	
			If yes, complete and attach Schedule IX.	If yes, complete a		If yes, complete and attach Schedule IV.	If yes,	
	₹ <	Yes	Did you have any reportable agreement or arrangement with an outside entity?	×	se, self, or exchange any underly the reporting Yes No	Did you, you'r spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting narror?		
			If yes, complete and attach Schedule VIII.	If yes, complete a		If yes, complete and attach Schedule III.	H ye	
	No <	n the Yes	Did you hold any reportable positions on or before the date of filing in the current calendar year?	VIII. current calendar year?	y reportable asset worth Yes ✓ No	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 \$200 in the reporting period or hold any reportable asset worth more than \$1.000 at the end of the nexton?	III. Did	
			if yes, complete and attach Schedule VII.	if yes, complete a		if yes, complete and attach Schedule II.	# ye	
	₹	¥98	Did you, your spouse, or a dependent child receive any reportable travel or relimbursements for travel in the reporting period (worth more than \$335 from one source)?	Vil. reimburnements for travel in t	on to charity in fieu of paying Yes V No	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?	II. you	
			ff yes, complete and attach Schedule VI.	If yes, complete a		If yes, complete and attach Schedule I.	If ye	
	₹ <-	706 706	Did you, your apouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	VI. the reporting period	g., salaries or fees) of \$200 Yes: 🗸 No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. Did)	
				QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	IMINARY INFORMATION -	PREL	
	30 days	more than 30 days late.		Termination Date	Amendment Termination	ort (S) Annual (May 15)	Report Type	
4	alty shall d against	A \$200 penalty shall be assessed against anyone who files	Employing Office: A :	Officer Or El Employee	State: IN tives District: 7	Member of the U.S. House of Representatives	Filer Status	
	Office Delibrity)	(Office by	(Daytime Telephone)		(Full Name)	(Ful		
HC 2010 MAY 17 AM 11: 42	DIOMAY 17	16 21	202-225-4011		Congressman Andre Carson	Congressma		
LEGISI ATIVE RESOURCE CLIT	SISI ATIVE RE	750	For use by Members, officers, and employees	For use by Men	ISCLOSURE STATEMENT	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	CALE	
			Page 1 of 6	FORM A)F REPRESENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	LINU	

SCHEDULE I - EARNED INCOME

Name Congressman Andre Carson

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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
Metropolitcan School District Pike Spouse Salary Township	y \$72,000

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Congressman Andre Carson Page 3 of 6

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 filled directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Indianapolis Rotary Club	Speech	Aug. 25, 2009	\$10

	BLOCK A		BLOCK B	вгоск с	вгоск р	BLOCK E
ASSE identify (a) ea a fair market v and (b) any of than \$200 in "land, provide mutual funds retirement pla in which you investments), in the account plans that are and its value at that is not put its activities, a information, s information of savings account parent or sibil savings account of you so choc that of your so in the options	Asset and/or income Source in the reporting period, and (b) any other 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 "unesimed" 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. 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 sibiling; 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), in the optional column on the far left.	Ye Value at close year. If valuatio other the well asset w. Includes it is genthe value."None."	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 retrement 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 semed or generated.	Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Chase Bank Savings	\$1: \$50	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	ING Savings	4	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	National City Bank Savings	~ <u></u>	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Valic IN	\$	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

Name Congressman Andre Carson

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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.

	m	J DC SP	
	Ed Financial	Creditor	
	Student Loan	Type of Liability	
La L	\$50,001 - \$100,000	Amount of Liability	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Congressman Andre Carson

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spouse or dependent child that is total	the Foreign Gifts and Decorations Act	sponsor. Exclude: Travel-related exp	amount of time, if any, that was not at	your spouse, or a dependent child du	Independ the source of the more frames inter-
spouse or dependent child that is totally independent of his or her relationship to you.	(5 U.S.C § 7342); political travel that is requ	nses provided by federal, state, and local g	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	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	The line and its fare interest has a way a second of the s
o you.	ulred to be reported under the Federal El	governments, or by a foreign governmen	lired regardless of whether the expenses	a family member accompanied the trave	sestiadica nateta-taken bing taken tot na
	the Foreign Giffs 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	s were reimbursed or paid directly by the	eler at the sponsor's expense, and the	Totaling more man \$350 received by you,

	_				2009	
None	4	~	≺	IN-MS-IN	August 13 - 16,	Congressional Black Caucus Foundation
None	Z	Υ	Υ	DC-NY-DC	July 12- 13, 2009	Humpty Dumpty Institute
Days not at sponsor's expense	Was a Family Food? Member Included?	Food? (Y/N)	Lodging? Fo	Point of Departure— Destination—Point of Return	Date(s)	Source