|               | Yes<br>∐                       | labilities of a spouse<br>t consulted with the C   | nssets, "unearned" income,<br>n? Do not answer "yes" uni | Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or leading the because they meet all three tests for exemption? Do not answer "yes" unless you have firs |          |
|---------------|--------------------------------|--|--|---|----------|
|               | oted Yes 🗹 No 🗍                | 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? | roved by the Comm  | Trusts- Details regarding "Qualified Blind Trusts" app<br>trusts" need not be disclosed. Have you exclu<br>child?   |          |
|               | STIONS                         | WATION ANSWER EACH OF THESE QUESTIONS  | UST INFORM   | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION  | <b> </b> |
|               |                                | schedule attached for each "Yes" response.   |  | If yes, complete and attach Schedule V.   | _        |
|               | and the appropriate            | Each question  | re<br>Yes □ No 🗸   | Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?   |          |
|               |                                | If yes, complete and attach Schedule IX.   |  | If yes, complete and attach Schedule IV.  |          |
|               | outside<br>Yes 🗌 No 🔽          | Did you have any reportable agreement or arrangement with an outside (X. entity?   | Yes 🗌 No 🗸   | Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?   |          |
|               | !                              | If yes, complete and attach Schedule VIII.   | 1<br>1<br>1<br>1<br>1<br>1                               | If yes, complete and attach Schedule III.   | -        |
|               | ling in the Yes 🗌 No 🔽         | Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?  | Yes 🕢 No 🖂   | Old you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.  |  | If yes, complete and attach Schedule II.  | -        |
|               | nan \$335 Yes No 🗸             | Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?  | yes □ No 🗸   | Did any individual or organization make a donation to charity in lieu of paying i. you for a speech, appearance, or article in the reporting period?  | =        |
|               |                                | If yes, complete and attach Schedule VI.   |  | If yes, complete and attach Schedule I.   | J        |
|               | le gift in therwise Yes 🔲 No 🗸 | Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?   | 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?  |          |
|               |                                | QUESTIONS  | H OF THESE   | PRELIMINARY INFORMATION ANSWER EACH   |          |
|               | more than 30 days late.        | Termination Date:  | ☐ Termination  | Report ( Annual (May 15) Amendment  |          |
|               | anyone who files               |  |  | Status Ustrict: 30  | -        |
| (I)           | A \$200 penalty shall          | Officer Or Employing Office:   |  | Member of the U.S. House of Representatives   |          |
| ~             | (Office Use Only)              | (Daytime Telephone)  |  | (Full Name)   | _        |
| ्र्ग<br>(ग्रा | 20191427-5 7 3152              | 214-922-8885   |  | Eddie Bernice Johnson   |          |
|               |                                |  |  |   |          |
|               | DAIND DELIVE                   | For use by Members, officers, and employees  | EMENT  | YEAR 2009 FINANCIAL   |          |
| ロロフ           | ロストラフロングロアフ                    | FORM A Page 1 of 3   | SHALINES   | UNITED STATES HOUSE OF REPRESENTATIVES  |          |

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## SCHEDULE I - EARNED INCOME

Name Eddie Bernice Johnson

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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          | Туре                | Amount   |
|-----------------|---------------------|----------|
| State of Texas  | Legislative Pension | \$35,000 |
| Social Security | Over 65             | \$22,000 |
|                 |                     |          |

Name Eddie Bernice Johnson

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|                            |                            | والمسائد والمسائد والمرائد والموالي المواجوا والمواجوة والمناوة والمناط والمواج والمواج والمواج والمواجع   |
|----------------------------|----------------------------|--|
| U.S. Savings Bonds         | Texas Federal Credit Union | 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 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.  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), in the optional column on the far left.  |
| \$1,0                      | \$1 -                      | Valuation than fail please se include it is gen the valuation than the valuation that valuation that valuation the valuation that valuation the valuation that valuation that valuation that valuation that valuation the valuation that valuation the |
| 01 - \$                    | \$1 - \$1,000              | PLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method othe 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."   |
| \$1,001 - \$15,000 NTEREST | 0                          | PLOCK B 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."  |
| ÎZ TE                      | INTE                       | Type o  Check all cc apply. For r plans or aco not allow yc specific inv may write " other assets IRAs, indica income by c appropriate Dividends a even if reinv be listed as Check "Nor not generat during the c  |
| REST                       | INTEREST                   | BLOCK C  Type of Income Check all columns that apply. For retirement plans or accounts that d not allow you to choose specific investments, yo may write "NA". For all other assets including a licate the type o income by checking the appropriate box below. Dividends and Interest, even if reinvested, shou be listed as income. Check "None" if asset d not generate any income during the calendar year   |
| ,<br>,                     |                            | 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.  |
| \$5,00                     | \$1,00                     | Amo For retir account you to c investm "NA" for other as involved and if reinve ilsted as "None" earned of the control of the  |
| \$5,001 - \$15,000         | \$1,001 - \$2,500          | Amount of Incor Amount of Incor For retirement plans or accounts that do not allo you to choose specific investments, you may wr "NA" for income. For all other assets, including al other assets, including of income by checking th appropriate box below. Dividends and interest, e if reinvested, should be listed as income. Check "None" if no income was earned or generated.   |
| 5,000                      | 500                        | 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.   |
| · i                        |                            | BLOCK E Transacti Indicate if assibad purchases (P), sales (S), exchanges (E) exceeding \$1,000 in reporting year  |
| 1                          |                            | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.  |