	more than 30 days	Termination Date:	Termination	Annual (May 15) Amendment	_	Report
4	be assessed against anyone who files		Employee	House of Representatives District: 04	+	Status
,	ບ A \$200 penalty shall	Employing Office:	Officer Or	the U.S. State: IN	<u> </u>	Filer
	(Office Use Only)	(Daytime Telephone)		(Full Name)		
5	2010 MAY 17 AM 11:36	202-225-5037		Stephen E. Buyer		
	EGIS! ATIVE RESOURCE CLIFT					
Ü	しいにくいる	For use by Members, officers, and employees		CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	ENDAR YEAR 2009 FINA	CALE
•	HAND	FORM A Page 1 of 5	NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	TED STATES HO	INO

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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If yes, complete and attach Schedule V. schedule attached for each "Yes" response.	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	period? If yes, complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	more than \$1,000 at the end of the period? If yes, complete and attach Schedule 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	If yes, complete and attach Schedule 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? Ye	If yes, complete and attach Schedule 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 No 🗸	[Yes V No	[Yes 🗸 No		Yes		Yes 🗸 No	
1	No .	<u> </u>	No	· 	Š		8		No	
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schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	If yes, complete and attach Schedule VII.	ise, or a dependent child receive any reportable travel or or travel in the reporting period (worth more than \$335	exempt)? If yes, complete and attach Schedule VI.	our spouse, or a dependent child receive any reportable gift in ing period (i.e., aggregating more than \$335 and not otherwise	
}	appro	 i	Ύes	j	Yes	 i	Yes	! 	Yes	
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EXCLUSION OF STOOSE, DEFENDENT, OX TXOST INFORMATION -- ANSWER FACTION OF THESE GOESTIONS

Exemptions	Trusts-
xcluded from this report any other assets, "un ey meet all three tests for exemption? Do not of Official Conduct.	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 🗌	Yes
<	Yes No 🗸

SCHEDULE I - EARNED INCOME

Name Stephen E. Buyer

Page 2 of 5

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.

\$1,000.		
Source	Туре	Amount
Purdue University	Spouse salary	N/A

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 \exists SP SP in the optional column on the far left. that of your spouse (SP) or dependent child (DC) or is jointly held (JT), If you so choose, you may indicate that an asset or income source is Government retirement programs. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any in the account that exceeds the reporting threshold. For retirement retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other a fair market value exceeding \$1,000 at the end of the reporting period, information, see the instruction booklet. and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account in which you have the power, even if not exercised, to select the specific than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of land, provide a complete address. Provide full names of stocks and Identify (a) each asset held for investment or production of income with nvestments), provide the value and income information on each asset Asset and/or income Source Checking Account, Wright Monticello, IN Market Account Fargo, Monticello, IN Checking Account, Wells Law Office, 103 W. Broadway, IRA, Charles Schwab, Money Market Account IRA, Charles Schwab, Money Chico's, Common Stock Credit Union, Washington DC Patman Congressional Federal None \$1,001 -\$50,001 -\$1,001 -\$15,000 \$15,00C \$1,001 -\$15,000 \$1,001 other than fair market value, please specify at close of reporting \$100,000 \$15,000 the value should be it is generated income, asset was sold and is the method used. If an valuation method year. If you use a included only because Value of Asset Year-End Name Stephen E. Buyer **BLOCK B** None N **CAPITAL GAINS** during the calendar year even if reinvested, should other assets including all may write "NA". For all plans or accounts that do Check all columns that not generate any income Check "None" if asset did Dividends and Interest, appropriate box below. apply. For retirement be listed as income. income by checking the IRAs, indicate the type of specific investments, you not allow you to choose INTEREST INTEREST INTEREST Type of Income BLOCK C \$1,001 - \$2,500 NONE \$1,000,000 \$100,001 -\$201 - \$1,000 NONE earned or generated. appropriate box below. of income by checking the other assets, including all Dividends and interest, ever IRAs, indicate the category you to choose specific accounts that do not allow \$201 - \$1,000 if reinvested, should be "NA" for income. For all "None" if no income was For retirement plans or isted as income. Check investments, you may write Amount of Income BLOCK D ഗ N ¥ × Z N N \$1,000 in reporting year. exceeding exchanges (E) (P), sales (S), or had purchases Transaction Indicate if asset Page 3 of 5 BLOCK E

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ASSETS
AND "
'UNEARNED'
NCOME

Savings Account, Wells Fargo, Monticello, IN Wachovia Bank, Money Market Account, Alexandria, VA Money Market Account, Charles Schwab, Indianapolis, IN Money Market Account \$50,001 -\$100,000 \$1,001 -\$15,000 \$50,001 -\$100,000 Name Stephen E. Buyer INTEREST INTEREST INTEREST \$201 - \$1,000 \$1 - \$200 \$2,501 - \$5,000 N/A NA N/A Page 4 of 5

SCHEDULE IV - TRANSACTIONS

Name Stephen E. Buyer

Page 5 of 5

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.

JT	JT DC, SP,
Law Office, 103 W. Broadway, Monticello, IN S	Asset
S	Type of Transaction
Yes	Capital Gain in Excess of \$200?
4-15-09	Date
\$100,001 - \$250,000	Amount of Transaction