DISCLOSURE STATEMENT For use by Members, officers, and employees Page officer C Burgess, M.D. 202-225-7772 202-225-7772 203-25-7772 204 \$200 péna C Burgess, M.D. C Burgess, M.D. C Burgess, M.D. State: TX State: TX State: TX C Officer Or Employee Termination Termination Termination Termination Annendment District: 26 Termination Term			disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Have you excluded from this report any other assets, "unearmed" income, transactions, or liabilities of a spouse or dependent child	ions-	
bers, officers, and employees 202-225-7772 (Daytime Telephone) 1 Date: Date: Date: Though a dependent child receive any reportable gaggregating more than \$335 and not otherwise and attach Schedule VII. Trable positions on or before the date of filing attach Schedule VIII. Trable agreement or arrangement with an outside attach Schedule VIII. Trable agreement or arrangement with an outside this part must be answered an hed for each "Yes" response.		_		XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMA Trusts— Details regarding "Qualified Blind Trusts" approved by the Committe	עַר
DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-7772 2011 202-225-7772 202-2				If yes, complete and attach Schedule V.	Γ
DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-7772 202-2		and the appropriate		Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	.<
DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-7772 CBurgess, M.D. CBurgess, M.D. CBurgess, M.D. CBurgess, M.D. CBurgess, M.D. COfficer Or Employing Office: CBurgess, M.D. CBurgess, M.D. CDaytime Telephone) CBurgess, M.D. CBurgess, M.D. CDaytime Telephone) CBurgess, M.D. CBurgess, M.D. CDaytime Telephone) CBurgess, M.D. CBurgess, M.D. CBurgess, M.D. CDaytime Telephone) CDaytime Telephone) CBurgess, M.D. CDaytime Telephone) CDaytime Telephone) CBurgess, M.D. CDaytime Telephone) CDaytime T	L.,.		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.	
DISCLOSURE STATEMENT For use by Members, officers, and employees Por use by Members, officers, and employees Cause by Members, officers Cause by Members, officers, and employees Cause by Members, officers Ca		Yes		Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	₹.
DISCLOSURE STATEMENT For use by Members, officers, and employees C Burgess, M.D. C Burgess, M.D. State: TX State: TX District: 26 C Amendment C Amendment C Answer Each Of These QUestion period (i.e., aggregating more than \$335 and not otherwise securely) Full Name) VI. Did you, your spouse, or a dependent child receive any reportable generating period (i.e., aggregating more than \$335 and not otherwise securely) If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable generating period (worth more than \$335 and not otherwise securely) If yes, complete and attach Schedule VII. Figure 197 Figure 197 For use by Members, officers, and employees C Dayline Telephone) S STATEMENT To use by Members, officers, and employees C Dayline Telephone) S STATEMENT To use by Members, officers, and employees C Dayline Telephone) S STATEMENT To use by Members, officers, and employees C Dayline Telephone) S STATEMENT To use by Members, officers, and employees C Dayline Telephone) S STATEMENT To use by Members, officers, and employees C Dayline Telephone) S STATEMENT TO Use Dayling Office: S STATEMENT To use by Members, officers, and employees Dayline Telephone) S STATEMENT To use by Members, officers, and employees Dayline Telephone) S STATEMENT To use by Members, officers, and employees Dayline Telephone) S STATEMENT To use by Members, officers, and employees Dayline Telephone) S STATEMENT To use by Members, officers, and employees Dayline Telephone) S STATEMENT To use by Members, officers, and employees S STATEMENT To use by Members, officers, and employees S STATEMENT To use by Members, officers, and employees S STATEMENT To use by Members, officers S STATEMENT To use by Members, officers S STATEMENT To use by Members, officers S STATEMENT To use by Members S STATEMENT To use by Members		¥ 8	Did you hold any reportable positions on or before the date of filin VIII. current calendar year? If yes, complete and attach Schedule VIII.	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.	Ē
DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-7772 201-2			If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.	
DISCLOSURE STATEMENT For use by Members, officers, and employees C Burgess, M.D. State: TX State: TX District: 26 Amendment Amendment Cg., salaries or fees) of \$200 Yes No W VI. reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.		or Yes		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?	=
DISCLOSURE STATEMENT For use by Members, officers, and employees C Burgess, M.D. State: TX State: TX District: 26 Amendment Amendment Termination Termination Termination ANSWER EACH OF THESE QUESTIONS (eg., salarles or fees) of \$200 Yes No VI. reporting period (i.e., aggregating more than \$335 and not otherwise seempth?	I		If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.	
DISCLOSURE STATEMENT For use by Members, officers, and employees C Burgess, M.D. State: TX Interest District: 26 Amendment Termination		ft in the Yes	Did you, your spouse, reporting period (i.e., exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-
For use by Members, officers, and employees 202-225-7772 (Daytime Telephone) Employee Termination Date:			QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE C	밁
For use by Members, officers, and employees 202-225-7772 (Daytime Telephone) Officer Or Employing Office: 3.5 14		more than 30 days late.	Termination Date:	Annual (May 15)	-
For use by Members, officers, and employees 202-225-7772 (Daytime Telephone)	<u>.</u>	A \$200 penatry shall be assessed against anyone who files	Employing Office:	Member of the U.S. State: TX House of Representatives District: 26	
For use by Members, officers, and employees 202-225-7772	1 ,	(Office Use Only)		(Full Name)	
For use by Members, officers, and employees	M	I IIM 24 PN 4:56		Michael C Burgess, M.D.	
	VEF	HAND DEL	For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	হ ⊂

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C Burgess, M.D.

BLOCK A

Asset and/or Income Source

and (b) any other reportable asset or sources of income which generated a fair market value exceeding \$1,000 at the end of the reporting period, more than \$200 in "unearned" income during the year. Identify (a) each asset held for investment or production of income with

symbols.) Provide complete names of stocks and mutual funds (do not use ticker

asset held in the account that exceeds the reporting thresholds. For self-directed (i.e., plans in which you have the power, even if not For all IRAs and other retirement plans (such as 401(k) plans) that are reporting period. of the institution holding the account and its value at the end of the exercised, to select the specific investments), provide the value for each retirement accounts which are not self-directed, provide only the name

For rental or other real property held for investment, provide a complete address.

> during the reporting generated no income Check "None" if the asset

"None" if no income was earned or generated.

disclosed as income. Check

capital gains, even if Dividends, interest, and of income by checking the assets, indicate the category

appropriate box below.

reinvested, must be

activities, and its geographic location in Block A. publically traded, state the name of the business, the nature of its For an ownership interest in a privately-held business that is not

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting windle and dannelle tataling tt AAA as lace in a name see attached pages 2A and 2 B

Year-End **BLOCK B**

than fair market value, at close of reporting the value should be it is generated income, included only because asset was sold and is method used. If an please specify the valuation method other year. If you use a Value of Asset Check all columns that be disclosed as income. even if reinvested, must interest, and capital gains column. Dividends, check the "None" plans or IRAs), you may income (such as 401(k) generate tax-deferred accounts that do not allow apply. For retirement investments or that you to choose specific

BLOCK C

Type of Income

IRAs), you may check the specific investments or that do not allow you to choose generate tax-deferred income (such as 401(k) plans or For retirement accounts that Amount of Income

BLOCK D

BLOCK E

reporting year. \$1,000 in exceeding exchanges (E) Indicate if asset Transaction (P), sales (S), or had purchases

"None" column. For all other

	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	MERCK AND CO. (IRA)	
	NONE			MEDCO HEALTH SOLUTIONS (IRA)	
	\$1 - 200	DIVIDENDS		ISHARES TREAS INFLATION PROT SECS (IRA)	
	\$1 - 200	DIVIDENDS		IBM CORP. (IRA)	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	INTEL CORP. (IRA)	
	NONE			HOSPIRA INC. (IRA)	
	\$1 - 200	DIVIDENDS	\$1 - 1,000	GENERAL ELECTRIC (IRA)	
	NONE		\$1 - 1,000	FORD MOTOR CO. (IRA)	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	WALT DISNEY CO. (IRA)	
S			NONE	CITADEL BROADCASTING CORP (IRA)	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	CIGNA CORP. (IRA)	
P				BERKSHIRE HATHAWAY CL B (IRA)	
E,P		DIVIDENDS	- 50,000	AMERICA MOVIL SA DE CV (IRA)	
		DIVIDENDS		ABBOTT LABS (IRA)	
	\$1 - 200	DIVIDENDS		AT&T (IRA)	
	NONE			MFS SERIES TRUST II - GROWTH FD (IRA)	SP
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)	SP
E,S			NONE	TELMEX INTERNACIONAL (IRA)	SP PS
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	TELEFONOS DE MEXICO (IRA)	SP
	\$201 - 1,000	DIVIDENDS	\$15,001 - 50,000	STRYKER CORP. (IRA)	SP
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	PFIZER INC. (IRA)	dS
P	NONE		\$1,001 - 15,000	BERKSHIRE HATHAWAY CL B (IRA)	SP
E,P		DIVIDENDS	\$15,001 - 50,000	AMERICA MOVIL SA DE CV (IRA)	ס
	NONE		\$1 - 1,000	ALCATEL LUCENT ADS (IRA)	SP
	\$201 - 1,000	DIVIDENDS	\$15,001 - 50,000	GENWORTH VARIABLE ANNUITY PLUS	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	UNITED PARCEL SERVICE	ļ
	\$1 - 200	DIVIDENDS	\$1 - 1,000	PFIZER	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	MICROSOFT	
	\$1 - 200	DIVIDENDS	\$1 - 1,000	LIMITED BRANDS	
	\$1 - 200	DIVIDENDS	\$1,001 ~ 15,000	ISHARE DJ US TLCM SCT IDX	
	\$1 - 200	DIVIDENDS	\$1 - 1,000	GENERAL ELECTRIC	
	NONE		\$1 - 1,000	CISCO SYSTEMS INC	
	NONE		\$1 - 1,000	ALCATEL LUCENT ADS	
	\$1 - 200	INTEREST	\$1 - 1,000	BANK DEPOSIT SWEEP COMBINED	
	\$1 - 200	DIVIDENDS	\$1,001 - 15,000	METLIFE	SP
P	- 2,500	DIVIDENDS	\$15,001 - 50,000	NORTHWESTERN MUT LIFE ANNUITY (IRA)	į
	NONE		\$1 - 1,000	NORTHWESTERN MUT LIFE INS CO	
	\$1 - 200	INTEREST	\$1,001 - 15,000	FIRST SECURITY BANK ACCOUNT	ļ
	NONE		\$1 - 1,000	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	
	\$1 - 200	INTEREST	\$1 - 1,000		
	NONE	NONE	\$1,001 - 15,000	Note Receivable1: Wise Co Prop, Lewisville, TX	ļ
	NONE		\$15,001 - 50,000	2.5 ACRES HARBOR SOUTH, ARKANSAS	
	NONE		\$50,001 - 100,000	4637 IVANHOE DR, FT. WORTH, TEXAS	
	NONE		\$15,001 - 50,000	1 ACRE 1831 CROW ST., DENTON, TEXAS	
	\$1,001 - 2,500	INTEREST/CAPITAL GAINS	\$15,001 - 50,000	5 ACRES TALKEETNA, AK NOTE RECEIVABLE	
	NONE		\$100,001 - 250,000	74.845 ACRES LAMAR COUNTY, TX	JT
	NONE		NONE	DALE OPERATING GAS LEASE	
Р		PARTNERSHIP INCOME	\$100.001 - 250.000	LAKE POINT MEDICAL REALTY LTD	
	\$201 - 1,000	PARTNERSHIP INCOME	\$1 - 1,000	LAKE POINT MEDIC	
TRANSACTION	AMOUNT OF INCOME	TYPE OF INCOME	YEAR END VALUE OF ASSET	JT ASSET and/or INCOME SOURCE	SP. DC. JT
90				CL III - PAOL I O PARE O DEPARTMENT INVOICE	
				SCHOOL EIL ASSETS AND "INCAPARED" INCOME	

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\$201 - 1,000 \$1 - 200 NONE		\$1 - 1,000	AIRTRAN HOLDINGS INC
\$201 - 1,000 \$1 - 200		\$1 - 1,000	AMR
\$201 - 1,000	DIVIDENDS	\$1 - 1,000	TOYOTA MOTORS CORP.
\$1 - Z0Z	DIVIDENDS	\$1,001 - 15,000	HARTFORD ANNUITY
2 33	DIVIDENDS/CAPITAL GAINS	\$1,001 - 15,000	FIDELITY VALUE
\$201 - 1,000	DIVIDENDS	\$15,001 - 50,000	FIDELITY EXPORT AND MULTINATIONAL
\$201 - 1,000	DIVIDENDS	\$15,001 - 50,000	FIDELITY EQUITY INCOME # FUND
\$201 - 1,000	DIVIDENDS	\$50,001 - 100,000	FIDELITY CONTRAFUND
\$1 - 200	DIVIDENDS	\$15,001 - 50,000	FIDELITY CAPITAL APPRECIATION
\$1 001 - 2 500	DIVIDENDS	\$50 001 - 100 000	FIDELITY (AST RESERVES (MOTES MAIRE)
NONE		\$1,007 - 10,000	MTS SERIES I RUSI II - GROWIH FU (IKA)
NONE		\$1,001 - 15,000	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)
\$1 - 200	DIVIDENDS	\$1 - 1,000	TIME WARNER (IRA)
\$1 - 200	DIVIDENDS	\$1 - 1,000	TEXAS INSTRUMENTS (IRA)
E,S		NONE	TELMEX INTERNACIONAL (IRA)
\$1 - 200	DIVIDENDS	\$1,001 - 15,000	TELEFONOS DE MEXICO (IRA)
\$201 - 1,000	DIVIDENDS	\$15,001 - 50,000	STRYKER CORP. (IRA)
\$1 - 200	DIVIDENDS	\$1,001 - 15,000	SOUTHWEST AIRLINES (IRA)
\$1 - 200	DIVIDENDS	\$1,001 - 15,000	PENN WEST ENERGY TRUST (IRA)
\$1 - 200	DIVIDENDS	\$1 - 1,000	NOKIA (IRA)
\$1 - 200	DIVIDENDS	\$1,001 - 15,000	MICROSOFT CORP. (IRA)

SCHEDULE IV - TRANSACTIONS

Name Michael C Burgess, M.D.

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,
Please see attached page: 3A	Asset
	Type of Transaction
	Capital Gain in Excess of \$200?
	Date
	Amount of Transaction

												SP		SP			SP					JT		SP, DC, JT	SCHEDULE IV - TRANSACTIONS
						***** TELMEX INTERNACIONAL SHARES ACQUIRED BY AMERICA MOVIL THROUGH EXCHANGE OF STOCK	**** COMPANY DECLARED BANKRUPTCY; STOCK WORTHLESS	*** DIVIDEND REINVESTMENTS IN EXCESS OF \$1,000	** ERRONEOUSLY OMITTED FROM PRIOR YEAR REPORTS	* ADDITIONAL CAPITAL CONTRIBUTED	AMERICA MOVIL SA DE CV (IRA) *****	AMERICA MOVIL SA DE CV (IRA) *****	TELMEX INTERNACIONAL (IRA) *****	TELMEX INTERNACIONAL (IRA) ******	CITADEL BROADCASTING CORP (IRA) ****	NORTHWESTERN MUT LIFE ANNUITY (IRA) ***	BERKSHIRE HATHAWAY CL B (IRA)	BERKSHIRE HATHAWAY CL B (IRA)	VANGUARD HEALTHCARE INDEX	POWERSHARES ZACKS MICRO CAP INDEX	STRYKER CORP.	FIDELITY VALUE	LAKE POINT MEDICAL REALTY LTD *	ASSET	NSACTIONS
	E = EXCHANGE	O II OALE	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	D = DI IBCHASE	KEY	OVIL THROUGH EXCHANGE OF S					п, О	E,P	E,S	E,S	S	P	P	Φ	S	S	S	S	P	TYPE OF TRANSACTION	
						TOCK					1/13/2010	1/13/2010	1/13/2010	1/13/2010	12/31/2010 NONE	12/31/2010	1/27/2010	1/29/2010	9/8/2010	7/26/2010 \$1 - 1,000	9/8/2010	7/16/2010	12/31/2010	DATE	
\$50,001 - 100,000	\$15,001 - 50,000	\$15 OO1 - 10,000	#1 DO1 15 DO0	\$1 - 1 000	KEY						1/13/2010 \$1,001 - 15,000	1/13/2010 \$1,001 - 15,000	1/13/2010 \$1,001 - 15,000	1/13/2010 \$1,001 - 15,000	NONE	2/31/2010 \$1,001 - 15,000	1/27/2010 \$1,001 - 15,000	1/29/2010 \$1,001 - 15,000	9/8/2010 \$1 - 1,000	\$1 - 1,000	9/8/2010 \$1 - 1,000	7/16/2010 \$15,001 - 50,000	2/31/2010 \$1,001 - 15,000	AMOUNT OF TRANSACTION	3A

SCHEDULE V - LIABILITIES

Name Michael C Burgess, M.D.

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. 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

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael C Burgess, M.D.

spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, our spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return		Food?	mily uded?	Days not at sponsor's expense
Source	Date(s)	Destination-Point of Return	(Y/N)	(Y/N)	(Y/N)	expense
Alliance for Health	Jan. 15-17		~	~	Z	0 Days
Reform funded by a grant		Lauderdale, FL to Dallas/Ft				
by the Commonwealth	_	Worth	_	_	_	
Fund						

SCHEDULE VIII - POSITIONS

Name Michael C Burgess, M.D.

honorary nature; and positions listed on Schedule I. 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 Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position Name of Organization Board of Trustees (Retired Member) Medical Center of Lewisville, TX		
	Position	10
	Board of Trustees (Retired Member)	Medical Center of Lewisville, TX

MICHAEL C. BURGESS, M.D. 26TH DISTRICT, TEXAS

ENERGY AND COMMERCE

SUBCOMMITTEES:

!!EAUTE!
VICE CHAIRMAN

OVERSIGHT AND INVESTIGATIONS ENERGY AND POWER

JOINT ECONOMIC COMMITTEE

CONGRESSIONAL HEALTH CARE CAUCUS, CHAIRMAN



Congress of the United States

House of Representatives

Washington, DC 20515–4326

WASHINGTON, DC OFFICE: 2241 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225–7772

www.house.gov/burgess

DISTRICT OFFICES

☐ 1660 SOUTH STEMMONS FREEWAY
SUITE 230
LEWISVILLE, TX 75067
(972) 434–9700

1100 Circle Drive Suite 200 Fort Worth, TX 76119 (817) 531–8454

June 15, 2011

Ms. Karen L. Haas Clerk of the House Legislative Resource Center B106 Cannon House Office Building Washington, DC 20515-6612

Dear Karen,

As I prepared to file my 2010 Financial Disclosure Statement I reviewed the top 10 Financial Disclosure Mistakes flier that was included in this year's packet. Mistakenly, I inadvertently exclude the life insurance policies that my wife and I hold.

In my 2010 submittal I will include the following policies not previously recorded in earlier years. They are:

Insured	Company	Value of Asset	Year
Michael C. Burgess	Northwest Mutual Life Insurance 65 LIFE	100,001 -250,000	1987
	Northwest Mutual Life Insurance 65 LIFE	50,001 -100,000	1988
	Northwest Mutual Life Insurance 65 LIFE	50,001 - 100,000	1989
	Northwest Mutual Life Insurance 65 LIFE	100,001 – 250,000	1991
	Northwest Mutual Life Insurance 65 LIFE	100,001 - 250,000	1991
Laura L Burgess	Northwest Mutual Life Insurance 90 LIFE	15,001-50,000	1997

I have reviewed the value of these policies for the last several years and would note that the holdings and values have remained the same.

I appreciate your understanding.

Michael Burgess M.D.

Member of Congress