

ENI F.H. FALEOMAVAEGA
AMERICAN SAMOA

COMMITTEE ON FOREIGN AFFAIRS

RANKING MEMBER
SUBCOMMITTEE ON ASIA AND THE PACIFIC
SUBCOMMITTEE ON THE WESTERN HEMISPHERE

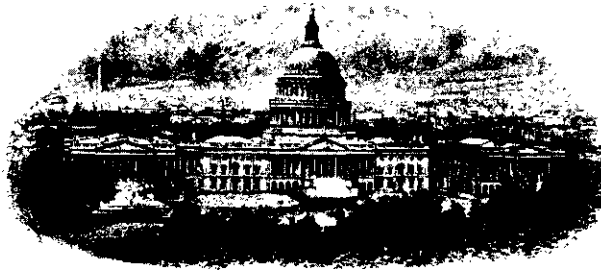
COMMITTEE ON NATURAL RESOURCES

SUBCOMMITTEE ON FISHERIES, WILDLIFE,
OCEANS AND INSULAR AFFAIRS
SUBCOMMITTEE ON INDIAN AND
ALASKA NATIVE AFFAIRS

**CONGRESSIONAL
ASIAN PACIFIC AMERICAN CAUCUS**

**CONGRESSIONAL
CAUCUS ON CENTRAL ASIA**

**NATIONAL GUARD AND RESERVES
COMPONENTS CAUCUS**



**Congress of the United States
House of Representatives
Washington, D.C. 20515-5201**

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HAND DELIVERED

June 28, 2011

The Honorable Jo Bonner
Chairman
Committee on Ethics
1015 Longworth HOB
Washington, DC 20515

The Honorable Linda Sanchez
Ranking Member
Committee on Ethics
1015 Longworth HOB
Washington, DC 20515

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK
2011 JUN 29 PM 1:44
U.S. HOUSE OF REPRESENTATIVES

MC

Dear Chair and Ranking Member:

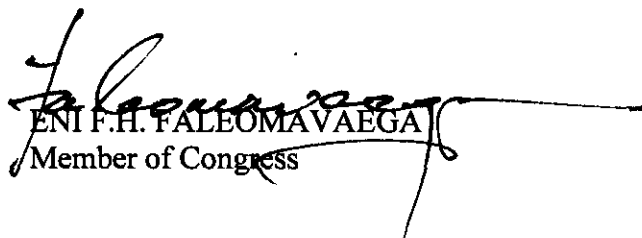
I am writing in response to your letter of June 8, 2011 (attached) in which you requested additional information regarding my Financial Disclosure Statement.

Based on discussions between Committee Staff and my accountant, I am providing a new Statement which includes a revised Scheduled III.

Also, regarding my travel, I did not accept privately-sponsored travel and, as such, your Committee Staff has informed my office that a note will be made that I traveled at my own expense.

I thank you for the help your Committee Staff has provided to me. Should you have further questions, please do not hesitate to contact me.

Sincerely,


ENI F.H. FALEOMAVAEGA
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 0 of 0
For use by Members, officers, and employees

Eni F. H. Faleomavaega

202-225-8577

(Full Name)

(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State: AS District: 1

☐ Officer Or Employee Employing Office:

Report Type ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(Office Use Only)

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eni F. H. Faleomavaega

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any domestic tax-exempt IRA or other tax-qualified plan.</p>		<p>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."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
AMERIPRISE TRUST - IRA: Columbia Income Opps-A (AIOAX)		\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	Reinvests
JT	Residential rental property, Henderson, NV	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
SP	Ameriprise Cash	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	RIVERSOURCE RETIREMENT ADVISOR VA:	** Details added	N/A	N/A	P
SP	**1. Invesco Global Health II	\$1,001 - \$15,000	N/A	N/A	
SP	**2. MFS Utilities Svc CI	\$1,001 - \$15,000	N/A	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eni F. H. Faleomavaega

SP	**3. RVS VP Global Bnd CI3	\$1,001 - \$15,000	N/A	N/A	
SP	**4. RVS VP High Yield Bd CI3	\$1,001 - \$15,000	N/A	N/A	
SP	**5. RVS Global Infl Prot CI3	\$1,001 - \$15,000	N/A	N/A	
SP	**6. RVS VP Div Eq Inc CI3	\$1,001 - \$15,000	N/A	N/A	
SP	RIVERSOURCE RETIREMENT ADVISOR ADVANTAGE PLUS VA:	** Details Added	N/A	N/A	
SP	**1. Invesco Global Health II	\$15,001 - \$50,000	N/A	N/A	
SP	**2. MFS Utilities Svc CI	\$15,001 - \$50,000	N/A	N/A	
SP	**3. RVS VP Global Bnd CI3	\$15,001 - \$50,000	N/A	N/A	
SP	**4. RVS VP High Yield Bd CI3	\$15,001 - \$50,000	N/A	N/A	
SP	**5. RVS Global Infl Prot CI3	\$15,001 - \$50,000	N/A	N/A	
SP	**6. RVS VP Div Eq Inc CI3	\$1,001 - \$15,000	N/A	N/A	
SP	Capital One Bank (USA), N.A.: Money market account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	AMERIPRISE TRUST - IRA: 1. Ameriprise Insured Money Market	\$1 - \$1,000	DIVIDENDS	NONE	
SP	2. INVESCO Energy Fund-A (IENAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvests

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eni F. H. Faleomavaega

SP	5. John Hancock Large Cap Equity Fund (TAGRX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvests
SP	4. Wells Fargo High Income-A (SHBAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvests
SP	3. Columbia Income Opps-A (AIOAX)	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	Reinvests