

HAND
DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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2010 MAY 14 PM 1:32

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John P. Sarbanes
(Full Name)

410-832-8890
(Daytime Telephone)

Filer ☒ Member of the U.S.
House of Representatives

State: MD
District: 03

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"/>
II. If yes, complete and attach Schedule I. 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. If yes, complete and attach Schedule VI. 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"/>
III. If yes, complete and attach Schedule II. 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. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. 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 type="checkbox"/> No <input checked="" type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

If yes, complete and attach Schedule V.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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

Trusts-- 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 <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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John P. Sarbanes

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BLOCK A

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.

BLOCK 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."

BLOCK C

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.

BLOCK D

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.

BLOCK E

Transaction

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

DC	Baltimore County Savings Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Charles Schwab Alliance	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	Bernstein Value ADV	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
DC	Charles Schwab Pimco Total Return Instl	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	Citibank	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	ING Direct	\$1,001 - \$50,000	NONE		
DC	MD College investment plan	\$1,001 - \$15,000	NONE		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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DC	MD College investment plan	\$15,001 - \$50,000	None	NONE
DC	MD College investment plan	\$15,001 - \$50,000	None	NONE
JT	Morgan Stanley American Cap World Growth & Income	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
JT	Morgan Stanley American Washington Mutual	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
JT	Morgan Stanley Growth Fund of America	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200
SP	Morgan Stanley Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200
SP	Nationwide Retirement Fid Equity Income Fund	\$1,001 - \$15,000	None	NONE
SP	Nationwide Retirement Vankamp Growth & Inc. Fd A	\$1,001 - \$15,000	None	NONE
JT	Wachovia Crown Banking	\$1,001 - \$15,000	INTEREST	\$1 - \$200
SP	Wachovia IRA (Certificate of Deposit)	\$1,001 - \$15,000	INTEREST	\$1 - \$200

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
National Merit Scholarship	Dependent child - College scholarship	\$2,500
Byrd Scholarship	Dependent child - College scholarship	\$1,500
Towson H.S. Alumni Association Scholarship	Dependent child - College scholarship	\$1,000
Carson Scholars Foundation Scholarship	Dependent child - College scholarship	\$1,000

SCHEDULE VIII - POSITIONS

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

Position	Name of Organization
Director	Institute for Christian and Jewish Studies