

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

**FORM A**  
For use by Members, officers, and employees

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Rosa L. Delauro

(Full Name)

202-225-3661

(Daytime Telephone)

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

2011 MAY 13 PM 5:03

*Me*

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CT District: 3rd	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

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

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

<b>Trusts-</b> 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"/>
<b>Exemptions-</b> 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"/>

**SCHEDULE I - EARNED INCOME**

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	Type	Amount
Greenberg Quinlan Rosner Research Inc. Washington, DC	Spouse Salary	N/A
Greenberg Research Inc. Washington, DC	Spouse Salary	N/A
John Hancock Retirement Account	Spouse Distribution	N/A
TIAA CREF Retirement Account	Spouse Distribution	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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 derivative holding as well as loss in a personal checking or</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>
JT	Bank of America Checking	\$1 - \$1,000	None	NONE	
JT	Chase Home Finance-Escrow	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Citizens Bank-Scholarships	\$1,001 - \$15,000	None	NONE	
SP	Greenberg Quinlan Rosner Research Inc. 67% Owner 10 G Street, NE WDC 20002 Polling/Consulting	\$5,000,001 - \$25,000,000	See Statement I	NONE	
SP	Greenberg Research Inc. 100% Owner 10 G Street, NE WDC 20002 Strategic Consulting	\$1 - \$1,000	See Statement II	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	JH Rtrmt-Lifecycle 2015	\$500,001 - \$1,000,000	None	NONE	S(part)
SP	Mass Mutual Whole Life Insurance Policy	\$250,001 - \$500,000	None	NONE	
JT	ML-Blackrock Global	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	ML-Columbia Marsico 21st	\$15,001 - \$50,000	None	NONE	
JT	ML-Ivy Asset Strategy	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	ML-MMFunds	None	None	NONE	
JT	ML-MMFunds	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	ML-PIMCO Total Return	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
SP	Pacific Life Universal Life Insurance Policy	\$50,001 - \$100,000	None	NONE	
SP	Regents of UCLA Los Angeles, CA	None	Royalties	\$201 - \$1,000	
SP	Sun Surveys LLC 60% Owner 9425 Sunset Drive Miami, FL Phone Surveys	\$1 - \$1,000	Partnshp Income	\$15,001 - \$50,000	
	TIAA CREF Retirement TIAA TRADITIONAL	\$15,001 - \$50,000	None	NONE	
SP	TIAA CREF - CREF Stock Retirement	\$1,001 - \$15,000	None	NONE	S(part)

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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SP	TIAA CREF- TIAA Traditional Retirement	\$100,001 - \$250,000	None	NONE	
	TIAA CREF-CREF Stock Retirement	\$100,001 - \$250,000	None	NONE	
JT	United Bank Checking	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	United Bank Checking	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

# SCHEDULE IV - TRANSACTIONS

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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, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	JH Rtrmt-Lifecycle 2015	S(part)	N/A	9-27-10	\$50,001 - \$100,000
SP	JH Rtrmt-Lifecycle 2015	S(part)	N/A	9-24-10	\$15,001 - \$50,000
JT	ML-PIMCO Total Return	P	N/A	var	\$1,001 - \$15,000
SP	TIAA CREF-CREF Stock Retirement	S(part)	N/A	8-4-10	\$50,001 - \$100,000

**SCHEDULE V - LIABILITIES**

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	TIAA CREF Carol Stream, IL 60197	12-15-2009	Loan	\$15,001 - \$50,000
SP	TIAA CREF Carol Stream, IL 60197	8-4-2010	Loan	\$10,001 - \$15,000
SP	Bank of America Wilmington, DE 19886	2009	Loan	\$50,001 - \$100,000
SP	John Hancock	9-24-2010	Loan	\$15,001 - \$50,000
JT	Diners Club Des Moines, IA 50368	12-31-2010	Revolving Charge Account	\$15,001 - \$50,000

**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
SEE ATTACHED LISTING	SEE ATTACHED LISTING



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**SCHEDULE VIII - POSITIONS:**

<b><u>Position</u></b>	<b><u>Name of Organization</u></b>
Honorary Board Member	Women's Campaign School at Yale University
Honorary Board Member	Special Olympics
Honorary Board Member	Sisters Journey
National Advisory Board	Roosevelt Institution
National Advisory Board	National Research Center for Women & Families
Member	CT International Women's Forum
Honorary Board Member	Women's Health Research at Yale
Distinguished Board Member	National Organization of Italian American Women
Board of Trustees	Kennedy Center
Board of Directors (ex-officio)	The Governor's Prevention Partnership
Honorary Board of Directors	Cancer Schmancer Movement
Congressional Advisory Council	The Faith and Politics Institute
Advisory Board	The Perry House: Doorway to Stratford
Member	Order of the Sons of Italy in America
Member	Italian American Historical Society of CT
Member	NAACP
Member	The Arts Council of Greater New Haven
Member	Delta Kappa Gamma Society (Honor Society of Women Educators)
Life Member	Hadassah, Wapawuag, CT Valley-West Rock Chapter
Honorary Board Member	National Organization of Italian American Women
Honorary Board Member	The Center for WorkLife Law (WLL)
Honorary Member, Advisory Committee	Diapers for Older Children with Special Healthcare Needs
Honorary Council Member	THE WAY

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**SCHEDULE VIII – POSITIONS** (continued)

<b><u>Position</u></b>	<b><u>Name of Organization</u></b>
Advisory Board	GrowJobsCT
Honorary Board	National Women’s History Museum
Honorary Board	National Student Leadership Conference

Rosa L. DeLauro  
49 Huntington Street  
New Haven, CT 06511

House of Representatives, CT, 3<sup>rd</sup> District

**ATTACHMENTS: BASIS OF VALUATION**

**Statement I, Schedule III, Page 3:**

Greenberg Quinlan Rosner Research Inc. –  
Ownership value based on an independent business  
valuation.

**Statement II, Schedule III, Page 3:**

Greenberg Research, Inc. – Ownership value based  
on an independent business valuation.