thild because Yes No	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, trar irst consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
trusts" need not Yes No	is of Official Conduct and certain other "excepted to spouse, or dependent child?	e on Standard	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?
ANSWER EACH OF THESE QUESTIONS	1	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nust be answered and the d for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No N	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.
rrangement Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a 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.
r before the date Yes No	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.		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.
receive any the reporting Yes No	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.	No	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.
receive any egating more Yes No	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.	§	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 If yes, complete and attach Schedule I.
	E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be sessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: 14. J. Report Nouse of Representatives District: S Annual (May 17, 2010) Member of the U.S. State: 14. J. Amendment
2010 MAY 17 AM II: 31 MC	Daytime Telephone։ 202-225- ԿԿՆՏ	Daytime	Name: Scott GARRETT
DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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GARRETT	

Page of 1

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) totalling \$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. See examples below.

Figure 1. Williams have fellow as National Guard or Basensa have federal retirement and benefits received under the Section 2.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and bene	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Nome		
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Page

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Contactor of West all Member for member in the members and members a mining package.	s Illing package.		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
Mone			

BLOCK A Asset and/or Income Source Asset and/or Income Source Value of Asset 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 periods.	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation asset of the fair market value.	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific	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.	BLOCK E Transaction Indicate if the asset had purchases (P)
od, and (b) any other asset 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 <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed (<i>i.e.</i> , plans in which you have the power, <i>even if not exercised</i> , to select the specific investments).	method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	ay write ' ay write ' cluding a income to income to ate box are box arest, eve listed as set did no ng caleno	For all other assets, <i>including all IHAs</i> , 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.	purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
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 backlet	A B C D E F G T	Income or Farm Income)	+ = = V < S S S S S S X X	If only a portion of an asset is sold, please indicate as follows: (S) (partial)
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and 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.	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	example. P, S, E
SP, SP Mega Corp. Stock	×	×	×	S (partial)
Examples:	Indefinite X	Royalties X	×	
Drayfus Appreciation fund	X	X	×	
" BASIC SAP "	×	× ×	×	
" DISCIPLINED STOCK"	×	×	*	
INKELAUD BANK (CHECKIN)	×	X	*	
" " (\$10et)	*	*	×	

SC	SCHEDULE III — ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name (0	Page of
ع [
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	Amount of Income	BLOCK E Transaction
SP,			Т		ס,
DC,		00 000 000 0,000 0,000 0,000,000		000	шζ
-		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,00 \$50,001 - \$100,0 \$100,001 - \$250,0 \$250,001 - \$500,0 \$1,000,001 - \$5,0 \$5,000,001 - \$5,0 \$25,000,001 - \$5,0 \$25,000,001 - \$5,0	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN Other Type of Inc. (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000 \$1,000,001 - \$5,000 Over \$5,000,000	
	(NOW MET LILE)	*	×	×	
	デュ	*	×	×	
	Nosel (CHECKIN)	*	*	*	
	(NASE HISHLANDS BANK)	<	2	×	
	Mong	*	×	×	
	USNG FUND	×	1	*	P
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SCHEDULE IV- TRANSACTIONS

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								" Disc. Swen " "	" BASIC SEP"	Dreyfus Appreciation fund None	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"), See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
			?					,	1	3			PURC	IASE		of Tra
								1	r	,	×		SALE			Type of Transaction
								ļ .	,	j			EXCHA	ANGE		tion
						:						i	Check B Gain Exc	ox if C	apital 3 \$200	
											10-12-09		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
													\$1,001- \$15,000		8	
											×		\$15,001- \$50,000		ဂ	
													\$50,001- \$100,000		0	Amo
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SCHEDULE V- LIABILITIES

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Page ___ of__

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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.

			7		1	A N	nt of	Amount of Liability	₹			
			В	ဂ	٥	m	П	ဝ	≖		ے	ᄌ
JT DC K	Creditor	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000 \$25,000,001	\$50,000,000 Over	\$50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		ļ	 	×			_	_	}_	<u> </u>
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SCHEDULE VI - GIFTS

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. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)

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Pageof_	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
HERITAGE FOUNDATION	2/5/10-2/7/10	DC- BALTIMORE- DC	\ \	~	Υ	Nonk

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
	None

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of