Yes No	child because nduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran	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.
ot Yes No No	d trusts" need no	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on Standards ng you, your si	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
QUESTIONS	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
swered and the "Yes" response.	must be an ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	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 No No	arrangement	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.
Yes No	or before the dat	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.	Se	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 No X	receive any n the reporting)?	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.	∑	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 No No	receive any regating more	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.
		EACH OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	or Employing Office: Be Termination Date:	Officer or Employee	Status Member of the U.S. State: WE Status House of Representatives District: 02 Annual (May 17, 2010) Amendment
2010 MAY 17 PM 1: 15 2010 MAY 17 PM 1: 15 U.S. HOULDINGS (Self-Gray) 1: 271.	LEGISI AI 2010 M COST U.S. HOUSE	Daytime Telephone: スロールターインろ	Daytime 1	Name: LEE TERRY
HAND of 6		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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DC JACK TEMY - TWOME FUND	DC IACK TEARY Capital world	DC Ryan Terry - Income Fund	DC Ryan Terry - OF AMERICA	OC Ryan Terry- Europacific	DC Ryan Terry - Capital World		Examples:	SP Sp Mega Corp Stock	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.	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.	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 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 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
× -	×	×	×	×	×	×	Indefinite	×	None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$100,001 \$250,000 \$250,001 \$500,000 \$500,001 \$5,000,000 \$5,000,001 \$5,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 Qver \$50,000,000	> BB CO	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
XXX	XXX	XXX	×××	×	×××	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	o Income or Farm Income)	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 calendar year.
X	×	×	×	×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$10,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- = = = = = = = = = = = = = = = = = = =	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.
								S (partial)	example. P, E		BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

걲 Continuation Sheet (if needed) Ľ, SP, \sqsubseteq 8 C Nolan Terry - FUND to ASED

C Nolan Terry - FUND to ASED

C Nolan Terry - FUND to ASED PHONTEMY-Lee Terry Cadital Treams of Lee Terry Growt FUND OF Lee Terry - RESEAR DOMINEY FUND Leeteny plagan leny -Lee Terry. Lee levey - tomacle to Terry LEE TEMYre 1cmytee Terry - Small Cop World Jack Tem- Grant America Lee Temy-Les Levy -LEERING-Asset and/or Income Source HEARTH MEMBERS-CROWN TUND OF MARGON BAYANE FIRETH OLERSCAS FUND GO AGE BRED fmenian Mutual BALANCED High sucome Trust BALANCED BALANCED West $\times \times \times$ × × None Θ 1 - 1,000O \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B T \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ر \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 $\times \times \times$ NONE DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Name Other Type of Income (Specify) 1EE None imes imes $|\mathbf{X}|\mathbf{X}|\mathbf{X}$ \times \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 TURRY < \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page_ Transaction BLOCK E ω ரைவை 6 5

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SCHEDULE IV— TRANSACTIONS

Name

LEE TERRY

Page 5 of 6

	Report an or depend	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	Type of Transaction	Type ansac	tion		Date			Amo	unt o	of Tra	ansa	Amount of Transaction		
	resulted in action. Ex	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-				ıpital \$200	(MO/DAY/YR)	Φ.	C	0	ш	TI	ດ	I		⊼
	dren, or t ates renta cate (i.e.,	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.	HASE		ANGE	Box if Ca	or Quarterly, Monthly, or		<i>_</i>			0	00	01-	.001-	
	Capital G of \$200, c	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.	PURC	SALE	EXCH	Check I Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,00° \$250,00° \$250,00°	\$500,000 \$500,000	\$1,000,0 \$1,000,0	\$5,000,0 \$5,000,0	\$25,000, \$25,000, \$50,000,	Over \$50,000,
	SP, DC, JT										\ 	-	-	-		
	SP	Example: Mega Coporation Common Stock (partial sale)		×			10-12-09		×							
<u> </u>	47	M FUND - BALANCED		×			5-11-09									
	77	M FUND - BALANCED		X			5-11-09	×	>							
	77	MFWO - FIDELTTY OVERSEAS		×			5-11-09	×							.,.	
<u>* </u>	JT	MEND - FDEETH NEW INSTEAT		\times			5-11-07									
*	4	M FUND - SMALL CAA WORLD	×				5-11-09		-			<u></u>				
	JT	M FUND- GROWTH FUND OF AMERICA	X				5-11-09	×								
	77	M FUND - CAPTIAL INDUC BUILDER		\times			5-7-09		×							
	57	M FUND - GROWTH FUND OF AMERICA		×			5-7-09	×								
	77	M FUND - HARH INCOME TRUST		×			5-7-09	×				_		-		
	37	M- FUND- FIREITH LEVERAGE		×			5-7-09	×			_	-				
	4	M FUND- SMALL CAP WORLD		×			5-7-09	×	<u></u>							 L
	47	BERKSHIKE HATHAWAL - STOCK	×				5-7-09		×							
	77	GENERAL ELECTRIC	×				5-7-09	×	<u> </u>	<u> </u>	+		-		-	
														-		

* Less Hall \$1,000 This page may be copied if more space is required.

SCHEDULE V- LIABILITIES

Name LEE TERRY

Page 6 of 6

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

		47	77		L D J, D J, J, J, J, J, J, J, J, J, J, J, J, J,	3	
		FIRST NATIONAL BANK, OMAHA, NE	Sherman COUNTY BANK, 734 O STEET, PROMISSORY NOTE FOR LEG LOUP CETY, NE 68853	Example: First Bank of Wilmington, Delaware	Creditor		
		CREDET CARD	CACHONOMES (PAID OF 4-21-09)	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	8	
		X	×		\$15,001- \$50,000	0	
	ļ	-		:	\$50,001- \$100,000	٥	
 				×	\$100,001- \$250,000	Е	Amou
			<u> </u>	_	\$250,001- \$500,000	TI	nt of
					\$500,001- \$1,000,000	១	Amount of Liability
					\$1,000,001- \$5,000,000	Ι	ity
<u> </u>			_	<u> </u>	\$5,000,001- \$25,000,000 \$25,000,001	_ _	
		ļ	_		\$50,000,000 Over	۴-	
		<u> </u>	<u></u>	<u>L</u>	\$50,000,000	ᄌ	

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

 		 	_	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	