	Yes	child? Have you becaus Standa	Exemptions-
	pted Yes No	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 Ye	Trusts
	STICKE		If yes, comple
	d and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes 🗌 No 🗹 Each question in this part must be answered and the appropriate	Did you, your s V. than \$10,000) d
		If yes, complete and attach Schedule IV.	If yes, comple
	outside Yes 🗌 No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No IX. entity?	IV. reportable asse
			If yes, comple
	lling in the	Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth Yes VIII. current calendar year?  The period?	Did you, your s III. more than \$200 more than \$1.00
		If yes, complete and attach Schedule II.	If yes, comple
	ble travel or han \$335 Yes 💟 No 🗌	Did any individual or organization make a donation to charity in lieu of paying  Yes No VII. reimbursements for travel in the reporting period (worth more than \$335  You for a speech, appearance, or article in the reporting period (worth more than \$335  from one source)?	Did any individent of the policy of the poli
		If yes, complete and attach Schedule I.	If yes, comple
	ble gift in the Yes No 🗸	Did you or your spouse, or a dependent child receive any reportable gift in the or more from any source in the reporting period?  Yes VI. reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your l. or more from a
		PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINA
	late.	Annual (May 15)	
	more than 30 days	Termination Date:	Report
	A \$200 penalty shall be assessed against	Member of the U.S.  State: MA  Officer Or  Employing Office:  Employee	Filer Status
-	DEMIVERED	(Full Name) (Daytime Telephone)	
~	HAND	U.S. Rep. John F. Tierney	
	Page 1 of 6	UNITED STATES HOUSE OF REPRESENTATIVES  FORM A  Page 1 of 6  CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT  For use by Members, officers, and employees?	UNITED S
	מי אמנים מתפטומסים המעודת מ		

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## SCHEDULE I - EARNED INCOME

Name U.S. Rep. John F. Tierney

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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.

<b>6</b> 1,000.		
Source	Туре	Amount
Tierney Designs	Spouse Salary	N/A

SCHEDULE III
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ASSETS
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Eastern Savings Bank \$15,001 - \$50,000	JT Cisco Systems \$1,001 - \$15,000 None  JT Disney Co. Walt \$1,001 - \$15,000 DIVIE	orog Smith	Asset and/or Income Source  Asset and/or Income Source  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 investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans the end of the reporting period, and (b) any other assets of the reporting threshold. For all IRAs and other method used. If an included other method used. If an included other method used. If an asset was sold and is included only because it is generated income, 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 neld (JT), in the optional column on the far left.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME Name U.S.F
INTEREST	\$1,001 - \$15,000 None \$1,001 - \$15,000 DIVIDENDS	000 INTEREST	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.	Name U.S. Rep. John F. Tierney
\$1 - \$200	\$1 - \$200	\$1 - \$200	Amount of Income  Amount of Income  For retirement plans or accounts that do not allow at do you to choose specific investments, you may write "NA" for income. For all other assets, including all liRAs, 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 at did earned or generated.	
		i	BLOCK E  Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Page 3 of 6

SCHEDL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	OME Name U.S. Rep. John F.	John F. Tierney		Page 4 of 6
ŢŢ	MA State Cons Lns	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
<b>-</b>	Nike Class B	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	. ,
Ĭ Į	Resolution Trust	None	None	NONE	
	Strips-Tint-US Treasury	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	:
	Talk Realty Trust (1/4 interest) 13 Washington St., Salem, MA	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
<u>_</u>	Time Warner Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	-
<u>-</u>	Verizon Communications	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	ш
	Western Asset Government Money Market Fund Class A	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Wright Patman F.C.U.	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

## SCHEDULE IV - TRANSACTIONS

Name U.S. Rep. John F. Tierney

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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,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Bank Deposit Program - Smith Barney	ס	A/N	6/11/09	\$1,001 - \$15,000
J	Federated Capital Reserves	S	N/A	monthly	\$15,001 - \$50,000
	Legg Mason Partners All Cap Fund Class A (converted to Bank Deposit Program)	S	N/A	6/11/09	\$1,001 - \$15,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. John F. Tierney

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	was a Family ng? Food? Member Included? N) (Y/N) (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program	Feb. 14-20	Feb. 14-20 Boston - Amman, Jordon - Boston	<b>Y</b>	<b>≺</b>	<b>Y</b>	None