Yes No X	lent child because Conduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	f" income, tran irst consulted	<b>EXEMPTION</b> —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.
d not Yes No	pted trusts" need	s of Official Conduct and certain other "excepouse, or dependent child?	e on Standard ng you, your s	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?
NSWER EACH OF THESE QUESTIONS	OF THES	- A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
schedule attached for each "Yes" response.	rt must be a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" responsi		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 X	or arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N <sub>S</sub>	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	on or before the o	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.
Yes No	child receive any vel in the reporting urce)?	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.
e Yes No X	shild receive any aggregating 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.	S N	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 X
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
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	r Employing Office:  Termination Termination Date:	Officer or Employee	Filer Member of the U.S. State: Mycroing Status House of Representatives District: At Long Member of Type Annual (May 17, 2010)
2010 MAY 17 PM 12: 16	no	Daytime Telephone: බලධ බබුන් බුමා	Daytime 1	Name: Cynthia M. Lummis
HAND 1 of 100 DELIVERED 9	0,	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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# 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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1	
Source	lype	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Oct. 2nd)	Spouse Speech	\$1,000
	Spouse Salary	NA
Lummis Livestock Co., LLC Cheyenne, Wyo Member distribution	Member distribution	48,000
Alvin Wiederspohn, J. D., P.C. Chevenne, Wyo,	Showse Salary	Z P
	7	

Name Cynthia M. Lummis Pac
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# 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.

Q	0		
Source	Activity	Date	Amount
_	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
- hone-			

BLOCK D

BLOCK E

Asset and/or income Source

of its activities, and its geographic location provide the value and income information od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value instruction booklet. Block A. For additional information, see the account and its value at the end of the reporting each asset in the account that exceeds the not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed land, provide a complete address. Provide full which generated more than \$200 in "unearned" traded, state the name of the business, the nature period. For an active business that is not publicly not self-directed, name the institution holding the reporting threshold. For retirement plans that are ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use income during the year. For rental property or Identify (a) each asset held for investment or pro-음 "None."

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asset is sold portion of ar If only a

please indic

or income source is that of your spouse (SP) or optional column on the far left. dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset Government retirement programs. 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 - \$1,000,000

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example.

See below to

(S) (partial

as follows:

Other Type of Income

less in personal savings accounts; and any finan-cial interest in or income derived from U.S.

Exclude: Your personal residence(s) (unless

your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by

parent, or sibling; any deposits totalling \$5,000 or

g ş

Examples

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

SP

Arp Hammond Hovdware a

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carne

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Royalties

S (partial

rases

Lummis Livestock Go LLC

Old Horse Pasture IFAC.

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting

Value of Asset

BLOCK B

vested, should be listed as income. Check "None" if asset did not genernot allow you to choose specific investments, you may write "NA." For ate any income during calendar year. Dividends and interest, even if reinall other assets including all IRAs, Check all columns that apply. For ing the appropriate box below. retirement plans or accounts that do ndicate the type of income by check-

Type of Income BLOCK C

vested, should be listed as income. Check "None" if no income was earned checking the appropriate box below Dividends and interest, even if reinindicate the category of income by ments, you may write "NA" for income not allow you to choose specific invest-For all other assets, including all IRAs, For retirement plans or accounts that do

or generated.

eporting year

Amount of Income \$1,000 in exceeding exchanges sales (S), or purchases (I Fransacti asset had ndicate if th

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Wheatland Wyo

Larame River Kanch

Wyo. Deferred Comp. Part

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

SP いヤ いマ SP 4 Q V SP SP Microsoft SP SP Corning SP 1112 Dunn (woverhouse) ⊣ 8 Ş Intel Snowy Range Phors 2, LP CINE TO HOUTH OF Carey Block Snowy Range Ptnrs 1, LF Spider Trust Unit Series Madaphone Syron American Nati Bank Colony Bldg First National Bank of Wyoming Bank Sheves Lovanie Myo Hidelity Magellown HRA Blokes Emerging Markets Conservation Allbance Microsoft XXX LLD United Rentals Asset and/or Income Source **BLOCK A** Laramie Wyo Cheyenne Cheyenn None ×  $\times \times$ Œ × \$1 - \$1,000  $\times$   $\times$ O × **/** \$1,001 - \$15,000 X O \$15,001 - \$50,000 Value of Asset × Ш \$50,001 - \$100,000 Year-End BLOCK B Ti × \$100,001 - \$250,000 G \$250,001 - \$500,000 I × \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \_ \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 ×× × NONE DIVIDENDS × × RENT INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Name Cynthia M. Lummis Other Type of Income (Specify) ×X × × × None × × × × \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 X < \$1,001 - \$2,500 < × BLOCK D \$2,501 - \$5,000 VI VII VIII IX \$5,001 - \$15,000 \$15,001 - \$50,000 X K \$50,001 -- \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page of Transaction BLOCK E முற்ற

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# SCHEDULE IV- TRANSACTIONS

Name Cynthia M. Lummis

Page of 9

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or depend	resulted action. E. dren, or t ates rents cate (i.e.,	Capital G of \$200, c	SP, DC, JT	SP	9S	)	2	— <del></del> 											
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	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, 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.	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.		Example:   Mega Coporation Common Stock (partial sale)	Delta Petroleum	,													
Type of Transaction	CHASE	PURC																	
Type ansac	:	SALE		×	X	<	,												
ction	łANGE	EXCH																	
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Date	(MO/DAY/YR) or Quarterly, Monthly, or	Bi-weekly, if applicable		10-12-09	7											:			
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		\$25,000 \$50,000					$\perp$	<u> </u>	ļ	<u> </u>	-		<u> </u>	ļ		ļ. <u>.</u>			<u> </u>
	0,000 🛪	Over \$50,000		L	<u> </u>								<u> </u>		<u> </u>				

## SCHEDULE V- LIABILITIES

Name Cynthia M. Lummis

Page of 9

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

\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SS SS	
Example:		
First Bank of v		
Creditor First Bank of Wilmington, Delaware		
Creditor  Example: First Bank of Wilmington, Delaware M.  Timothy Borden Steamboat Springs, Co.		
1	<del></del>	
Type of Liability  Mortgage on 123 Main St., Dover, Del.  bank stock purchase		
\$10,001- \$15,000	8	
\$15,001- \$50,000	0	
\$50,001- \$100,000	۵	
	Ε	Amc
× \$100,001- \$250,000	П	unt o
		Amount of Liability
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\$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,001		₹

### SCHEDULE VI — GIFTS

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.

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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
1 Done -		

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# SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

or were paid by you and reimbursed by the 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 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
-	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC-Los Angeles-Cleveland	Υ	<b>~</b>	~	2 Days
N/A						
	-					

## SCHEDULE VIII—POSITIONS

Name Cynthia- M. Lummis

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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,

organization, or any educational or other institution other than the United States Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations): and positions solely of an honorary nature

zations), and positions solely of an illoholary nations.	onorary nature.
Position	Name of Organization
Officer, Director	Arp+Hammond Hardware Co., Cheyenne, Wyo., Wyo, corp-for pict

# SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement
	- None -	