

**HAND DELIVERED**

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

**FORM A** Page 1 of 7  
For use by Members, officers, and employees

Saim Fair  
(Full Name)

(202) 225-2861  
(Daytime Telephone)

2011 MAY 16 AM 9:49

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

MC

**Filer Status** ☒ Member of the U.S. House of Representatives

State: CA  
District: 17

☐ Officer Or Employee

Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

**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 \$135 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 \$135 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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**

Name Sam Fair

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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.

Source	Type	Amount
Partners for Transition LLC	Spouse Salary	N/A
California Public Employees Retirement System/Legislative Retirement	Pension Income	\$15,920

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Fair

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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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete 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 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.  For rental or other real property held for investment, provide a complete address.  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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and derivatives, futures, etc. (see instructions for reporting on Schedule C).	BLOCK B Year-End 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 and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income  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.	BLOCK D Amount of Income  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.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Boeing Company Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
Charles Schwab Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Charles Schwab Money Market Fund (held in IRA)	\$15,001 - \$50,000	DIVIDENDS/Capital Gains (Reinvested)	\$201 - \$1,000	
Chevy Chase Land Company	\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
Colgate Palmolive Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	S(part)
Congressional Federal Credit Union (IRA account)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Fair

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	Congressional Federal Credit Union (Savings and Checking Accounts)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Devil's Flat Association	\$15,001 - \$50,000	None	NONE	
	General Electric Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Hartford Financial Services Stock	None	DIVIDENDS//CA PITAL GAINS	\$5,001 - \$15,000	S
	Hewlett-Packard Stock	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	S(part)
	IBM Corp. Stock	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
	Intel Corp. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Interest - CA State Retirement System (includes CA Legislative Retirement)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
	Lots 7, 9, 10 (SE corner of Santa Lucia & Camino Real), Carmel, CA	\$250,001 - \$500,000	None	NONE	
	Motorola Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	Pfizer Inc. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Point 16, Big Sur, CA LLC Membership Interest	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	Sharlands Investment Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

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

		Name Sam Farr		Page 5 of 7	
	Sorensen's Resort Partnership Interest	\$15,001 - \$50,000	Other: Partnership distribution	\$2,501 - \$5,000	
	Tahoe Cabin	\$15,001 - \$50,000	RENT	\$201 - \$1,000	
	Vista Lobos Apartments (Interest held through the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary.)	\$250,001 - \$500,000	RENT	\$50,001 - \$100,000	

# SCHEDULE IV - TRANSACTIONS

Name Sam Farr

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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
	Boeing Company Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Colgate Palmolive Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	General Electric Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Hartford Financial Services Stock	S	Yes	11-3-10 and 11-4-10	\$1,001 - \$15,000
	Hewlett-Packard Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	IBM Corp. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Intel Corp. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Motorola Inc. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000
	Pfizer Inc. Stock	S(part)	No	11-15-10	\$1,001 - \$15,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Sam Farr

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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 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program on Education Accountability and Testing	Aug. 16-20	Monterey-Vancouver BC- Monterey	Y	Y	Y	None