

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

**FORM A** Page 1 of 8  
For use by Members, officers, and employees

Bill Posey

202-225-3671

(Full Name)

(Daytime Telephone)

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

State: FL  
District: 15

☐ 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 \$336 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 \$336 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 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?	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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

LEGISLATIVE RESOURCE CENTER

2010 MAY 13 PM 2:50

U.S. (Office Use Only)

**HAND DELIVERED**

**SCHEDULE I - EARNED INCOME**

Name Bill Posey

2 of 8

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
State of Florida FRS	Retirement	\$12,947

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bill Posey

Page 3 of 8

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 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 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.</p> <p>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.</p> <p>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.</p>	<p>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."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
1004 Barton Blvd Rockledge, FL	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
1824 South Fiske Blvd Rockledge, FL	\$100,001 - \$250,000	RENT	\$201 - \$1,000	
1820 Huntington LN	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	
806 Mystic Dr, #310 Cape Canaveral, FL	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
Suntrust Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
Wachovia Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bill Posey

Page 4 of 8

Community Credit Union	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
Stock-Posey & Co. Realtors Rockledge, FL	\$1,001 - \$15,000	None	NONE	
Stock-Rockledge Realty Corp	\$1 - \$1,000	None	NONE	
Indian Oaks Corp Stock	\$1 - \$1,000	None	NONE	
Rockledge Group I stock and vacant lot on U.S. 1	\$1,001 - \$15,000	None	NONE	
Rockledge Country Club stock	\$1,001 - \$15,000	None	\$1 - \$200	
2368 Tina Drive Tallahassee, FL	None	CAPITAL GAINS	\$100,001 - \$1,000,000	S

# SCHEDULE IV - TRANSACTIONS

Name Bill Posey

Page 5 of 8

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
JT	2368 Tina Drive Tallahassee, FL	S	Yes	5-15-09	\$100,001 - \$250,000

# SCHEDULE V - LIABILITIES

Name Bill Posey

Page 6 of 8

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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Chase Financial	Mortgage on 806 Mystic Drive Cape Canaveral	\$100,001 - \$250,000

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bill Posey

Page 7 of 8

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
Heritage Foundation	Jan. 14-16	DC-Charlottesville-DC	Y	Y	Y	None

**SCHEDULE VIII - POSITIONS**

Name Bill Posey

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Posey & Company Realtors-A Florida Corp
President-Inactive	Rockledge Realty Corp-A Florida Corp



Office of the  
Chief Administrative Officer  
U.S. House of Representatives  
Washington, DC 20515-6860

January 22, 2010

The Honorable Bill Posey  
U.S. House of Representatives  
132 Cannon House Office Building  
Washington, DC 20515

Dear Congressman Posey:

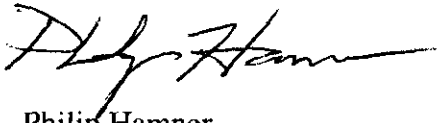
The amount of your salary that was received by the CAO Office of Financial Solutions for calendar year 2009 and returned back to the United States Department of Treasury as a gift towards the reduction of the public debt is:

\$4,700.00      January 1, 2009 – December 31, 2009

No goods or services have been provided to you in return for the contributions.

If you have any questions, please contact Lisa D. Phillips, Accounting Department, at extension 69350.

Sincerely,



Philip Hamner  
Deputy Director of Administrative and Financial Services

PH:ldp

Office of the  
Chief Administrative Officer  
U.S. House of Representatives  
Washington, DC 20515-6860

January 22, 2010

The Honorable Bill Posey  
U.S. House of Representatives  
132 Cannon House Office Building  
Washington, DC 20515

Dear Congressman Posey:

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\$4,700.00      January 1, 2009 – December 31, 2009

No goods or services have been provided to you in return for the contributions.

If you have any questions, please contact Lisa D. Phillips, Accounting Department, at extension 69350.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip Hamner", with a stylized flourish at the end.

Philip Hamner  
Deputy Director of Administrative and Financial Services

PH:ldp