Page 1
<u> </u>
으
K

N S ⊠	child because nduct. Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	, "unearned" income, tra you have first consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on they meet all three tests for exemption?
\\ \\ \\ \\	d trusts" need not Yes	ls of Official Conduct and certain other "excepted spouse, or dependent child?	Committee on Standarust benefiting you, your	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?
SNOI	SWER EACH OF THESE QUESTIONS	- AN	TRUST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part rappropriate schedule attache	Yes No X	ild have any reportable rting period?
□ No ⊠	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes 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.
× □	or before the date		Yes No	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.
□ No X	d receive any in the reporting Yes)?	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.	Yes No X	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.
IJ ∾X	receive any regating more Yes	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.	Yes No	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.
		SE QUESTIONS	ANSWER EACH OF THESE	PRELIMINARY INFORMATION — ANSWER
ll be assessed ho files more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	ee Termination Termination Date: X Termination Termination Date: 2011 Termination Term	Officer or Employee Amendment	Filer Status Member of the U.S. State: House of Representatives District: Report Type Annual (May 17, 2010) Annual
ARDVES F1	U.S. HOUSE OF (BURBASSENDARY)VES			(Former)
: 03	2011 MAR 10 PM 1: 03	Daytime Telephone: 847-382-5978	Daytime	Name: Melissa L. Bean
S 4I M 43	F GIGL ATIVE RESOURCE CENTER			
1 2011	MAR 0 4 2011	Form A For use by Members, officers, and employees	VES STATEMENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name
7
le l
lissa
L.
Bean

Page 2 of 6

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.

- The second sec		
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
O nitario county board of Education	R O I	
		/ / /

_					-	_				
JP Morgan Chase	General Electric	Cisco Systems Inc.	Carefusion Corp.	Cardini Health	Apple, Inc.	, 조	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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. 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.	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
									None >	±95 = ₽3 a i
						Г	Ž		\$1 - \$1,000	Indicate reportin method please self an asself an asself year an generate "None."
×	X	×	×	×	X		Indefinite		\$1,001 – \$15,000	ate ting od od assu
							ā		\$15,001 - \$50,000	d is pectal value
								×	\$50,001 - \$100,000 m	BLOCK B Value of Asset a alue of asset a ever. If you use ther than fair ma cify the method u was sold during the s included only income, the value
				<u> </u>		×			\$100,001 - \$250,000 TI	BLOCK B If you the fair If you the methe methe sold during cluded come, the very
									\$250,001 – \$500,000	ass ou fail nett
									\$500,001 - \$1,000,000 ±	B set set use ir mod nod only value
					<u> </u>				\$1,000,001 - \$5,000,000	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."
					<u> </u>		L		\$5,000,001 - \$25,000,000	clo clo vall vall rep rep
		Ĺ			<u> </u>	L	<u> </u>		\$25,000,001 – \$50,000,000	se satiuatii valu valu valu valu valu
									Over \$50,000,000	oe #
		\sim	×	Ì	\times	l			NONE	
L		<u> </u>			}	•				# 다 일 5 일 일 일 일 일 다
×	×			×				×	DIVIDENDS	Check retirem not all investral indicat indicat ing the ling of the check ate and ate
×	×			×		×		×	DIVIDENDS RENT	Check all retirement allow investment all other all other all other bindicate the ling the bividends vested, she check "Not are any income all others."
×	×			×		×		×	RENT	Type Check all col retirement plau retirement plau investments, y all other asse indicate the tyy ing the app Dividends and vested, shoult Check "None" ate any income
X	×			×		×		×	RENT .	Type of Check all column retirement plans c investments, you to all other assets u indicate the type o ing the appropi Dividends and int vested, should be Check "None" if as ate any income du
Х	χ			×		×			RENT	Type of Inc. Check all columns to retirement plans or act allow you to column to the column the appropriate the type of inc. Indicate the type of inc. Indicate the type of inc. Indicate the appropriate the column the column to the column t
×	×			×		×	Royalties	×	RENT . INTEREST CAPITAL GAINS	emer allo stme allo other cate the the the ck "f
*	X	~	×	×	×	×		×	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None —	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	×	×	×	×	×		×	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None \$1 - \$200 ==	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	×	×	×	×	×		X	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None - \$1 - \$200 = \$201 - \$1,000 =	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	×	×	× ×	X	×		×	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 <	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	*	X	×	×		Royalties	X	None -	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	×	×	×	X	×	Royalties	X	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	X	×	×	×		Royalties	X	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	×	X	×	X		Royalties	X	Note Part	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	X	X	×	X		Royalties	X	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) 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 ∑	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	*	X	×	×		Royalties	X	None	Type of Income Type of Income Columns that apply. For ement plans or accounts that do allow you to choose specific stments, you may write "NA." For other assets Including all IFAs, cate the type of income by checkthe appropriate box below. Idends and Interest, even if reinted, should be listed as income. ck. "None" if asset did not generany income during calendar year.
X	X	X	X	×	×		Royalties	X	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) 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 ∑	Type of Income Type of Income Ck all columns that apply. For ement plans or accounts that do allow you to choose specific ments, you may write "NA." For all or sther assets <i>including all IRAs</i> , cate the type of income by check-the appropriate box below. Indicate the type of income by check-the appropriate box below. Indicate the type of income by check-the appropriate box below. Indicate the type of income by check-the appropriate box below. Indicate checking the first and interest, even if reinted, should be listed as income. Check "None" if asset did not generany income during calendar year.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Melissa L BOAZ Page 4 of 6

	۵۲ ۲	2	2	50	SP	Sp	SP	Sp	SP	Sp	Ş	SP									SP, DC, JT			Con
	Walareen Company		4	Teva Pharmaceutical	Mylan Inc.	Merck a Co Inc.	Apple Inc.	Nokia Corp	Soft	St	Carefusion Corp	Cardinal Health Inc	_ ~	FD Amer In	<u>s</u>	Walgreen Company	Verizon Comm.	4	14	Microsoft Corp.			BLOCK A Asset and/or Income Source	Continuation Sheet (if needed)
	_	-				<u> </u>			-						•						None >			
ŀ	t	_)		t	L.		×	×		×	×	$\overline{}$							\$1 - \$1,000 ³² \$1,001 - \$15,000	ł		
ì	f	+	×	×	\cap	\succeq					×	^		×	×	×	×	×	×		41,00	۱.	ì	
t	╁	\dashv			_	-	 	┢	 		<u> </u>					-		-				<u>§</u>		}
t	╁	7				╁┈					-	<u> </u>				-					\$50,001 - \$100,000 TT \$100,001 - \$250,000	Value of Asset	BLOCK B Year-End	
t	\dagger	7			-	 	┢		†			<u> </u>			1						\$250,001 – \$500,000 ©	1 ♀	BLOCK B	
t	十	7				-															\$500,001 - \$1,000,000 I	Ş	nd B	
t	Ť	1					1	<u> </u>							-						\$1,000,001 - \$5,000,000 -	Set	ı	
t	\top	7				T^-									—						\$5,000,001 - \$25,000,000 ^C	1		
1	1					_													-		\$25,000,001 - \$50,000,000 ×	1		
T	T	7				Γ															Over \$50,000,000	1		
1							×		`	×	×				~				> <		NONE			1
T	7	4	×	×		×		×	×			×	*	×		×	*	X		×	DIVIDENDS	1		
T	ſ																		<u> </u>		RENT	1		1
T	T																				INTEREST	١.		
T	T	7											_								CAPITAL GAINS	1 🛱		
																					EXCEPTED/BLIND TRUST	of Incon	вьоск с	
																					Other Type of Income (Specify)	me	° 0	Name / V(C
K	-				ļ		⋉	1	ļ	X		L.,	-		\succeq	<u> </u>	ļ		\simeq		None –	ı		
	2	S	×	X		<u> </u>		*				X	X				<u> </u>	×			\$1 - \$200 =			۷ ا
	<u> </u>	4			<u> </u>		ļ	➣	×					\times	ļ	\succeq	\times			\succeq	\$201 - \$1,000 =		BLOCK D Amount of Income	11530
	1	4				<u> </u>	<u> </u>	.							<u> </u>						\$1,001 - \$2,500	1	<u>و</u> _	Ш`
	Ļ	4				<u> </u>	ļ									ļ					\$2,501 - \$5,000		nt BLC	۱۱۲
	1	4			ļ		<u> </u>	1							_						\$5,001 - \$15,000 ≤	1	BLOCK D	П,
	╁	4				<u> </u>	_	ļ. —	ļ.,,						<u> </u>						\$15,001 - \$50,000 \(\leq\) \(\	ı	ה ב	J
	╄	-			<u> </u>	<u> </u>		<u> </u>			`										\$50,001 - \$100,000		Ö	Ĭ,
	╀	4				 -	_	-													\$100,001 - \$1,000,000	l	ē	Dean
	╀	4		_	-	<u> </u>	 	-			L	_						ļ		i	\$1,000,001 \$5,000,000 ×	ł		~`
,	+	+				├		 													Over \$5,000,000	┡		╏┝╼
	*																				σ, ω π		BLOCK E	Page 7_of 6

SCHEDULE IV- TRANSACTIONS

								SP Morgan Stanley	SP Apple, Inc.	Apple, Inc.	- DEARC	Bank of America	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "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.	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.	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
									×	×					PURCHASE	-	of Tra
								×			*	×	×		SALE	,,,,,	Type of Transaction
															EXCHANGI	Ε	tion
															Check Box if Gain Exceed	Capital ed \$200)
								2-16-16	2-/6-10	2-16-10	2 24-10	2-16-10	10-12-09		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
								×	×	×	X	×			\$1,001- \$15,000	W	
							<u></u>				<u> </u>		×		\$15,001- \$50,000	ဂ	
	_					·								_	\$50,001- \$100,000	O	Amc
														ļ	\$100,001- \$250,000		Junt 1
									,	<u> </u>	_			_	\$250,001- \$500,000	71	of T
ļ			<u> </u>			<u> </u>		<u> </u>		<u> </u>			_	_	\$500,001- \$1,000,000	<u> </u>	Amount of Transaction
				 		_					_		L	_	\$1,000,001- \$5,000,000	x	actic
<u> </u>		 									_			-	\$5,000,001- \$25,000,000		ĭ
		 									igspace	-	L		\$25,000,001- \$50,000,000		_
													L		Over \$50,000,000		

Page 5 of 6

SCHEDULE VIII—POSITIONS

Name Melissa L. Bean

Page 6 of 6

organization, or any educational or other institution other than the United States. 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 other business enterprise, any non profit organization, any labor

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
President	Sales Resources, Inc.

SCHEDULE IX—AGREEMENTS

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

Date
; ;
į