	Yes □ No ☑	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.	ts, "unearned" inco	m this report any other asse three tests for exemption? I	-	Exemptions-	
	bed. Yes ☐ No 🗹	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?	d by the Committee a trust benefiting yo	ilified Blind Trusts" approve m this report details of such	Details regarding "Qua Have you excluded fro	Trusts-	
	IONS	TION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	OF SPOUSE, DEP	XCLUSION	<b>.</b>
	s" response.	appropriate schedule attached for each "Yes" response			If yes, complete and attach Schedule V.	If yes, complete	
	d and the	Each question in this part must be answered and the	Yes No	ve any reportable liability d?	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 IX.			If yes, complete and attach Schedule IV.	If yes, complete	
	Yes No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🔇	thase, sell, or exchange any ,000 during the reporting	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 VIII.			If yes, complete and attach Schedule III.	If yes, complete	
	Ning in the Yes ✔ No □	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	ceive "unearned" income of any reportable asset worth	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 VII.			If yes, complete and attach Schedule II.	If yes, complete	
	sble travel re than \$335 Yes ☑ No ☐	Did you, your spouse, or a dependent child receive any reportable travel VII. or reimbursements for travel in the reporting period (worth more than \$335 Yes from one source)?	Yes No 🗸	ation to charity in lieu of e in the reporting period?	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 VI.			If yes, complete and attach Schedule I.	If yes, complete	
	shle gift in stherwise Yes □ No ✔	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes 🕢 No 🖂	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or your spouse have "earned" income (e. or more from any source in the reporting period?		
		DIESTIONS	OF THESE Q	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Y INFORMATION	RELIMINAR	-
	more than 30 days late.	Termination Date:	☐ Termination	☐ Amendment	Annual (May 15)	Report Type	
	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee		State: GU tatives District AL	Member of the U.S. House of Representatives	Filer Status	
}	(Office Use Only)	(Daytime Telephone)		(Full Name)	(		
	2011 MAY 11 PM 5: 43	202 225 1188		Madeleine Z. Bordallo	Madele		
- <del></del> -	THE PLANT RESOURCE CHAIL						
	HAND DELIVERED	FORM A Page 1 of 7 For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FATES HOUSE	UNITED ST	
							1

## **SCHEDULE I - EARNED INCOME**

Name Madeleine Z. Bordallo

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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 dur 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	Туре	Amount
Government of Guam, Lieutenant Governor	Lieutenant Governor's Pension	\$42,499.92
Government of Guam, Survivor's Benefit	Survivor's Benefit Pension	\$12,499.92

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m Name Madeleine Z. Bordallo Page 3 of 7

Rental 1 Tamuning, GU	Money Market Account Congresssional Federal Credit Union	Checking Account Sun Trust Bank Ocala, FL	Certificates of Deposit (10) Congressional Federal Credit Union	Certificate of Deposit Sun Trust Bank Orlando, FL	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts;	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A	
\$1,000,001 - \$5,000,000	\$1 - \$1,000	\$15,001 - \$50,000	\$500,001 - \$1,000,000	\$15,001 - \$50,000				asset was sold and is included only because it is generated income, the value should be "None."	than fair market value, please specify the method used. If an	at close of reporting year. If you use a valuation method other	Year-End	BLOCK B	Name Madeleine Z. Bordallo
RENT	DIVIDENDS	INTEREST	INTEREST	INTEREST			during the reporting period.	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset openerated no income	generate tax-deferred income (such as 401(k)	apply. For retirement accounts that do not allow you to choose specific investments or that	Type of Income	вгоск с	e Z. Bordallo
\$50,001 - \$100,000	\$1 - \$200	\$1 - \$200	\$15,001 - \$50,000	\$1,001 - \$2,500		· ·	d	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.	you may check the "None" column. For all other assets, indicate the category of	do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs).	Amount of Income	BLOCK D	
								# <u>P</u>			Transaction	BLOCKE	Page 3 of 7

## SC

CHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name Madeleine Z. Bordallo	ine Z. Bordallo	-	Page 4 of 7
Rental 2 Ocala, FL	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
Rental 3 Las Vegas, NV	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	

Name Madeleine Z. Bordallo

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the balance at the close of the preceding calendar year exceeded \$10,000. 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 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, 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

Bank of Guam	SP, DC, JT Creditor
Oct 1995	Date Liability Incurred
Mortgage on Rental 1	Type of Liability
\$250,001 - \$500,000	Amount of Liability

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Madeleine Z. Bordallo
Page 6 of 7

spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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

P(S) DestinationPoint of Return (Y/N) (Y/N) (Y/N).  Pry 6- DC-Tokyo-DC Y Y N  Proper Guam-Taiwan-Guam Y Y N  Proper Guam-Taiwan-Guam Y Y N			Point of Departure	Lodging?	Food?	Was a Family	Days not at sponsor's
VeJanuary 6- 10, 2010DC-Tokyo-DCΥYNSeptember 22-25,Guam-Taiwan-GuamYYN	Source	Date(s)	DestinationPoint of Return	(Y/N)	(Y/N)	(Y/N) .	expense
September Guam-Taiwan-Guam Y Y N 22-25,	US-Japan Legislative Exchange Program	Ī	DC-Tokyo-DC	Υ	~	Z	None
2010	MECEA: Taiwan	September 22-25, 2010	Guam-Taiwan-Guam	_ ~	<b>~</b>	Z	None

## **SCHEDULE VIII - POSITIONS**

Name Madeleine Z. Bordallo

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representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or an 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. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
(Unpaid) Board of Directors	Latte of Freedom Foundation Hagatna, Guam 96910
(Unpaid) Board of Directors	R.J. Bordallo Foundation Hagatna, Guam 96910
(Unpaid) Advisor	Salvation Army of Guam Hagatna, Guam 96910
(Unpaid) Board of Directors	Watergate East, Inc. Washington, DC 20037