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	THESE QUESTIONS
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Report Type

Filer Status

S	UESTION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFOF	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, (
the onse.	vered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes No 🔽	Yes	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.
₹ 	es S	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S	Yes	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.
<u>₹</u>	Yes	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.	8	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.
<u>8</u>	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.	<u>s</u>	Yes	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.
Z	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.	N N	Yes	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.

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?

EXEMPTION—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

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Yes

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SCHEDULE III
- ASSETS AN
D "UNEARNED"
INCOME

SP SP 5 SP 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 of the reporting period. For an active business that is not publicly traded, optional column on the far left. Government retirement programs. parent or sibling; any deposits totaling \$5,000 or less in personal savings debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any instruction booklet. geographic location in Block A. For additional information, see the state the name of the business, the nature of its activities, and its directed, name the institution holding the account and its value at the end that exceeds the reporting threshold. For retirement plans that are not selfprovide the value and income information on each asset in the account the power, even if not exercised, to select the specific investments), provide a complete address. Provide full names of stocks and mutual \$200 in "unearned" income during the year. For rental property or land identify (a) each asset held for investment or production of income with a accounts; any financial interest in or income derived from U.S. (such as 401(k) plans) that are self directed (i.e., plans in which you have (b) any other assets or sources of income which generated more than fair market value exceeding \$1,000 at the end of the reporting period, and f<u>unds</u> (do not use ticker symbols). For all IRAs and other retirement plans Asset and/or Income Source Federal Credit Union U.S. Savings Bond Series EE Growth Fund Investor (Roth Index Fund Investor (Roth IRA) and Income Fund Investor (IRA) Asset Manager 50% Mutual Wright Patman Congressiona The Vandguard Group-Growth Fund (IRA) Fidelity Investments - Fidelity The Vandguard Group-Growth The Vandguard Group-US BLOCK A \$100,000 \$50,001 -\$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$100,000 \$50,001 at close of reporting the value should be it is generated income included only because asset was sold and is method used. If an please specify the than fair market value, valuation method other year. If you use a Value of Asset Year-End Name Rep. David Obey BLOCK B DIVIDENDS DIVIDENDS/RMD (No Income Yet DIVIDENDS Check all columns that DIVIDENDS/RMD may write "NA". For all NTEREST during the calendar year. not generate any income be listed as income. income by checking the IRAs, indicate the type of other assets including all specific investments, you not allow you to choose Derived) Check "None" if asset did even if reinvested, should Dividends and Interest, appropriate box below. plans or accounts that do apply. For retirement Type of Income BLOCK C \$1 - \$200 \$2,501 - \$5,000 \$1 - \$200 other assets, including all \$201 - \$1,000 NONE appropriate box below. of income by checking the IRAs, indicate the category samed or generated. "NA" for income. For all you to choose specific For retirement plans or Dividends and interest, even nvestments, you may write accounts that do not allow None" if no income was isted as income. Check f reinvested, should be Amount of Income BLOCK D in reporting year. exchanges (E) Transaction exceeding \$1,000 (P), sales (S), or had purchases Indicate if asset BLOCK E Page 2 of 4

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Rep. David Obey	vid Obey	
SP	Wright Patman Congressional Federal Credit Union - IRA CD	\$15,001 - \$50,000	DIVIDENDS/RMD	\$1,001 - \$2,500

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Rep. David Obey

Page 4 of 4

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, 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 a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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

5 Days (CODEL)	Υ	Y	Υ	DC-Vancouver, Canada/Seattle-Wausau, WI	Aug. 16- 26, 2010	The Aspen Institute Congressional Program
Days not at sponsor's expense	Was a Family 97 Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodgin (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source