	because Yes No	dent child be	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.	ctions, or liabiliting the Committee	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 S	ssets, "unearn	oort any other a answer "yes" u	uded from this rep temption? Do not	—Have you excluthree tests for ex	EXEMPTION they meet all
	s' need not Yes No	epted trusts*	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?	of Official Conductions, or dependent	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	by the Committ h a trust benef	ısts" approved i rt details of suc	Qualified Bilind Trued from this repo	tails regarding "C Have you exclud	TRUSTS—De
	SWER EACH OF THESE QUESTIONS	H OF TH	ANSWER EAC	1	DEPENDENT, OR TRUST INFORMATION	OR TRU	ENDENT,	OUSE, DEP	EXCLUSION OF SPOUSE,	EXCLUSI
	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	art must iched for	estion in this parte schedule atta	Each quest appropriate s	8 ⊠	% Yes	we any reportat period?	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.	ur spouse, or a d than \$10,000) du ete and attach S	V. Did you, yo iability (more if yes, comple
	ement Yes No	nt or arrange	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	IX. Did you have any n with an outside entity? If yes, complete and	8 □	Yes	ourchase, sell, on exceeding	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.	iV. Did you, your spouse, or a dependent or exchange any reportable asset in a transfer of during the reporting period? If yes, complete and attach Schedule IV.	dunce 'sea' II or exchande : \$1,000 drund or nord
	re the date Yes No	on or befor	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.	VIII. Did you hold any n of filing in the current of filing in the current of if yes, complete and a	₹	5	ceive "uneamer or hold any and of the period	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.	III. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 at if yes, complete and attach Schedule III.	III. Did you, yo income of mo reportable ass
	eporting Yes No	child receive avel in the receive ource)?	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.	II. Did you, your sportable travel ceriod (worth mor yes, complete	8	Yes	nation to charity article in the	ii. Did any individual or organization make a donation to charity in ileu of paying you for a speech, appearance, or article in the reporting period? if yes, complete and attach Schedule II.	 Did any individual or organization make ileu of paying you for a speech, appearan reporting period? Yes, complete and attach Schedule II. 	ii. Did any individ ileu of paying you reporting period?if yes, complete
	g more Yes No	child receive apgregating	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.	 Did you, your aportable gift in the nan \$335 and no yes, complete 	₹ <u>X</u>	% 98	e.g., salaries porting period?	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I. 	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.	I. Did you or y fees) of \$200 if yes, compl
			NS	QUESTIONS	ANSWER EACH OF THESE	R EACH	- ANSWI	RMATION -	PRELIMINARY INFORMATION	RELIMIN
	than 30 days late.	than	Termination Date:	Termination		Amendment		Annual (May 17, 2010)	(N) Annual (N	Report Type
	A \$200 penalty shall be assessed	A \$2	fice:	Employing Office:	Officer or Employee	6:100	State: 19/4 District:	Member of the U.S. House of Representatives	yo əsnoң	Filer Status
7	OFFICE OF THE U.S. TAKE U.S. HOUSE OF BUILDING COMP)		180 0/61	repriorie:	Daytime telepriorie:		1010	4010	Irex	Name:
	2010 MAY 13 PM 4: 05		162,787		,			\ \	1	
	DELIVERED LEGISI ATIVE RESOURCE CLATES	8	Form A For use by Members, officers, and employees	or use by Membe		ATIVES URE STATI	PRESENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	STATES HO	UNITED S
	HAND	J								

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 peri-Block A. For additional information, see of its activities, and its geographic location traded, state the name of the business, the nature plans (such as 401(k) plans) that are self directed land, provide a complete address. Provide full income during the year. For rental property or od, and (b) any other asset or sources of income instruction bookdet. period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the provide the value and income information on *not exercised*, to select the specific investments), ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use which generated more than \$200 in "uneamed" reporting threshold. For retirement plans that are each asset in the account that exceeds the (i.e., plans in which you have the power, even to

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exchanges (E)

sales (S), or

purchases (P),

clal interest in or income derived from U.S. there is rental income); any debt owed to you by parent, or sibling; any deposits totalling \$5,000 or Exclude: Your personal residence(s) (unless Sovernment retirement programs. ess in personal savings accounts; and any finanyour spouse, or by you or your spouse's child,

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset optional column on the far left.

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 -- \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 -- \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

See below for

(S) (partial)

as follows: please indicate asset is sold,

example

Other Type of Income

\$1,000

Over \$50,000,000

NONE

None

\$1 - \$200

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

Over \$5,000,000

\$50,001 - \$100,000

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Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close

generated income, the value should be year and is included only because it If an asset was sold during the reporting None.*

Q

Check "None" if asset did not genervested, should be listed as income. ing the appropriate box below. Dividends and interest, even if reinall other assets including all IRAs, indicate the type of income by checkinvestments, you may write "NA." For not allow you to choose specific retirement plans or accounts that do Check all columns that apply. ate any income during calendar year

Type of Income BLOCKC

checking the appropriate box below. or generated Check "None" if no income was earned vested, should be listed as income Dividends and interest, even if reinindicate the category of income by For all other assets, including all IRAs, ments, you may write "NA" for income. not allow you to choose specific invest-

BLOCK D

For retirement plans or accounts that do Amount of Income asset had indicate if the **Fransaction** BLOCKE

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	END.,	EARNED)" INCO	M			Name	2	on			Page 3 of 14
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

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Page 4 of M

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SCHEDULE III — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME (if needed)	Name	upon
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ASSETS AND "LINEARNED" INCOME

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ےُ	Z	≥	ファ	Ē	Q	Ŧ	୍ର	9	<u> </u>	•								Name (1/	12	12	10,	6		1	1		1		Page 6 of 14
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	N ای	Ĺ,	Í	Z	ő	=	ก็	9	Ē								Name	12	2	10	5	1	}	1	1			Page of N
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SCHEDULE III — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	Na	me Usan	Page 7 of
BLOCK A Asset and/or income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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SP DC, JT 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. SCHEDULE IV-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 cate (i.e., "partial sale"). See example below. dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indiresulted in a capital loss. Provide a brief description of any exchange trans-action. Exclude transactions between you, your spouse or dependent chilç Example: Mega Coporation Common Stock (partial sale) **TRANSACTIONS** Asset Jervices Bond of Transaction **PURCHASE** Type SALE \times **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or (MO/DAY/YR) 11-23-09 Bi-weekly, if 12-15-09 2-23-0 3-7-09 1-05-09 applicable 10-12-09 Date \$1,001-Œ \$15,000 \$15,001-O \$50,000 \$50,001-Amount of Transaction Q \$100,000 \$100,001- \succ Ш \$250,000 \$250,001 \$500,000 T \$500,001-\$1,000,000 Ω \$1,000,001-\$5,000,000 I Page 2 of 1 \$5,000,001-\$25,000,000 \$25,000,001-_ \$50,000,000 Over \$50,000,000 ᅎ

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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 paid directly by the sponsor

a spouse or dependent child that is totally independent of his or her relationship to you. 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 or were paid by you and reimbursed by the sponsor.

		•				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
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Page 14 of 14

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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-

tanona), and positions solory of an inchestary manages	
Position	Name of Organization
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SCHEDULE IX—AGREEMENTS

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

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Date	Parties To	Terms of Agreement
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