₹	Yes	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.	ts, "unearned" i Do not answer "		Exemptions-	
No C	Yes	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?	d by the Commi from this report	Details regarding "Qualified Blind Trusts" approv trusts" need not be disclosed. Have you exclude child?	Trusts	
	SNOL	ATION - ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION	l
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	If yes, complet	Γ-
propriate	nd the app	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. than \$10,000) dur	
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	If yes, complet	1
~ ~ ~	side Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you, your spo IV. reportable asset in period?	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	If yes, complete	
No I	in the Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	l receive "unearned" income of sold any reportable asset worth	Did you, your spo III. more than \$200 in	_
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If yes, complet	abla
No K	ravel or \$335 Yes	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No	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?	Did any individua II. you for a speech,	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, complet	1
No C	ift in wise Yes	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 s I. or more from any	_
		QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELIMINAR	l — l
30 days	late.		☐ Termination	Annual (May 15)	Type	Í
o lies	ingone wil	Termination Date:		-	,	Т
A \$200 penalty shall be assessed against	A \$200 penalty shae assessed agai	Officer Or Employing Office:		Member of the U.S. State: KY House of Representatives District: 3	Filer Status	
HAIND (Mille less Smily KED)	(Miles	(Daytime Telephone)		(Full Name)		
The de Alphanes MC		202 2255401		John A Yarmuth		
M 10: 53	AY 16 M	FORM A Page 1 of 30150151 ATIVE RESURRE CONTENT For use by Members, officers, and employees MAY 16 AM 10: 53	ATIVES ENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	UNITED ST	T
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a fair market value exceeding \$1,000 at the end of the reporting period, in the optional column on the far left. that of your spouse (SP) or dependent child (DC) or is jointly held (JT), If you so choose, you may indicate that an asset or income source is Government retirement programs. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal 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 and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account and (b) any other assets or sources of income which generated more information, see the instruction booklet. its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of in the account that exceeds the reporting threshold. For retirement in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or Identify (a) each asset held for investment or production of income with nvestments), provide the value and income information on each asset land, provide a complete address. Provide full names of stocks and Asset and/or Income Source BBT Ford Northwestern Mutual annuity account Almost Family General Electric Fifth Third Bank checking at close of reporting \$100,000 \$50,001 \$250,000 \$100,001 \$250,000 \$500,000 \$250,001 -\$5,000,000 \$1,000,001 valuation method other \$100,001 -\$500,000 the value should be it is generated income, included only because method used. If an please specify the year. If you use a \$250,001 asset was sold and is than fair market value, Value of Asset Year-End Name John A Yarmuth **BLOCK B** None None None during the calendar year. not generate any income even if reinvested, should appropriate box below. may write "NA". For all specific investments, you apply. For retirement Check "None" if asset did be listed as income. Dividends and Interest, income by checking the other assets including all plans or accounts that do Check all columns that DIVIDENDS INTEREST DIVIDENDS IRAs, indicate the type of not allow you to choose Type of Income **BLOCK C** NONE of income by checking the NONE \$1,001 - \$2,500 \$5,001 - \$15,000 \$5,001 - \$15,000 NONE earned or generated. Dividends and interest, even appropriate box below. IRAs, indicate the category other assets, including all "NA" for income. For all accounts that do not allow For retirement plans or listed as income. Check if reinvested, should be investments, you may write you to choose specific 'None" if no income was Amount of Income BLOCK D \$1,000 in exchanges (노) reporting year. exceeding (P), sales (S), or Transaction had purchases Indicate if asset BLOCK E Page 2 of 5

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Rental property Doonbeg, Ireland Sonny's Barbeque Orlando, FL Samuel Klein Trust account Republic Bank checking PNC Bank checking account \$1,000,001 -\$5,000,000 \$100,001 -\$250,000 \$1,000,001 -\$5,000,000 Unknown \$1,001 - \$15,000 | INTEREST Name John A Yarmuth RENT and income Other: Royalties **TRUST** EXCEPTED INTEREST \$1,000,001 -\$5,000,000 \$5,001 - \$15,000 \$1 - \$200 \$2,501 - \$5,000 \$5,001 - \$15,000 Page 3 of 5

SCHEDULE V - LIABILITIES

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.

Name John A Yarmuth

Page 4 of 5

	SP, DC, JT	,
Ulster Bank of Scotland	Creditor	
Mortgage on rental property Doonbeg, Ireland	Type of Liability	
\$500,001 - \$1,000,000	Amount of Liability	

SCHEDULE VIII - POSITIONS

Name John A Yarmuth

Page 5 of 5

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
Director	Kentucky Golf Association
Director	First Tee of Louisville