

**HAND DELIVERED**

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**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, Officers, and Employees

2011 SEP 26 PM 1:07

Name: John R. Rumsfeld

Daytime Telephone: 202.225.4765

(Once Use Only)

Filer Status	Member of the U.S. House of Representatives	State	NI	Office or Employment	Employing Office	Termination Date
Report Type	Annual (May 16, 2011)					

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excluded trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Name Joy Runtan

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## Source

Type

Amount:

2017年12月15日

Keene State  
 State of Maryland  
 Civil War Roundtable (Oct. 2009)  
 Chato County Board of Education

Annual Training Fee	\$5,000
Legislation Pension	\$5,000
Spouse Support	\$1,000
Spouse Salary	NA

NFL Soap

542-492-7

927, 426

**For payments to charity in lieu of honoraria, use Schedule H.**

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**For additional assets and unearned income, use next page.**

**Continuation Sheet (if needed)**

Jon R. Ryan

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# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jon Puryear

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BLOCK A		BLOCK B													BLOCK C								BLOCK D											BLOCK E
Asset and/or Income Source		Year-End Value of Asset													Type of Income								Amount of Income											Transaction
SP	JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Security or Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	NI	A, C, E		
														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																				
														Over \$50,000,000																				
														NONE																				
														DIVIDENDS																				
														RENT																				
														INTEREST																				
														CAPITAL GAINS																				
														EXCEPTED/BLIND TRUST																				
														Other Type of Income (Security or 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																				
														\$100,001 - \$1,000,000																				
														\$1,000,001 - \$5,000,000																				
														Over \$5,000,000																				
																								</										

# SCHEDULE IV—TRANSACTIONS

Name

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Report any purchase, sale, or exchange transaction 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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent child, 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 indicate (i.e., "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 D.

Report any purchase, sale, or exchange transaction 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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent child, 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 indicate (i.e., "partial sale"). See example below.							Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO, DAY, YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	A \$1,001-\$5,000	B \$5,001-\$10,000	C \$10,001-\$50,000	D \$50,001-\$100,000	E \$100,001-\$250,000			F \$250,001-\$500,000	G \$500,001-\$1,000,000	H \$1,000,001-\$5,000,000	I \$5,000,001-\$25,000,000	J Over \$25,000,000						
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-10																
	I SHARE TRUST MCSI/EAFE/NOX		X			5-4-2010				X												
	AMERICAN INTERNATIONAL GROUP		X			5-21-2010																
	AMERICAN GERMANY SHORT TERM GOVT		X			6-10-2010								X								

# **SCHEDULE V— LIABILITIES**

Name **Jon Runyan**

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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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	CHASE BANK	2010	CREDIT CARD	X										
	MBNA VISA	2010	CREDIT CARD	X										
	VISA	2010	CREDIT CARD	X										

## **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$100 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives; gifts of personal hospitality or an individual local means and gift to a spouse or dependent child that are totally independent of me or her relationship to you; Gifts with a value of \$134 or less need not be added towards the \$1000 disclosure threshold.  
 Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Jerome H. Smith, Anytown, Anystate	Silver platter commemorative on leather regarding receiving record 100 yards (anytime)	\$245