≺ §	use Yes	t child becar nduct	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct	income, transactions, irst consulted with the (EXEMPTION —Have you excluded from this report any other assets, "unearned income transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee	
₹	ed not Yes	d trusts" ne	of Official Conduct and certain other excepted trusts need not bouse, or dependent child?	e on Standards ng you, your sp	TRUSTS—Delaits 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?	
NS	SE QUESTIO	OF THE	MATION - ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	_
d the ponse.	answered an ach "Yes" res	must be ed for e	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S D	V. Did your spouse, or a dependent child have any reportable v. Did your spouse, or a dependent child have any reportable rebaility (more than \$10.000) during the reporting period? If yes, complete and attach Schedule V.	
8 ≥	Yes	arrangeme	IX Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Š	IV. Did you, your spouse, or a dependent child purchase, self, or exchange any reportable asset in a transaction exceeding. \$1,000 during the reporting period?	
₹	Yes	or before th	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.	S	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>X</u>	ting Yes	d receive au in the repor	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.	X	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 ves, complete and attach Schedule II.	
×	y Yes	child receive any aggregating more	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating monthan \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S S	Did you or your spouse have "earned" income (e.g., sataries or tees) of \$200 or more from any source in the reporting period? Yes X If yes, complete and attach Schedule I.	
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH C	
who files more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A S200 against than 30	Employing Office. Termination	Officer or Employee	Filer Status Member of the U.S. State: Status House of Representatives District Report Type Amendment	
	(Office Use Only)	ركا أ	Daytime Telephone: +12-55/-/062	Daytime T	Name: Michael E. McMahon	
	HAND	 3				
ن ن و و ا			Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
		10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10				1

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during 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. See examples below.

Source	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000
Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech Spouse Salary	\$1,000
O'Leary + Speco	deferred compose-	120,000,-
	tion for services	
THE PROPERTY OF THE PROPERTY O	prior to current	
· Casillan () Cas	-employment	
Metropolitan Lite Insurance Co.	deferred componer	
Deferred Componistion Annuity	tion Annuity for 21,012.	21,012
(previously listed in sectorality composition)	Services rendered	
	prior to currentemply	£.
TA Firencial Life Insurance	deferred compensation 77, 748,	- 雅花
Deferred Composisation Annuity	ANNULLY for savices	
(previously listed in pertursti) compensation)	renderal print to	
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SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

			None	Source Association of American Associations. Washington DC Examples: XYZ Magazine
				Activity Speed
				Date Feb 2, 2009 Aug 13, 2009
				Amount \$2,000 \$500

BLOCK A	Value of Accet	BLOCK C	BLOCK D	Transaction
identify (a) each asset held for investment or pro-	indicate value of asset at close of		For retirement plans or accounts that do	Indicate if the
exceeding \$1,000 at the end of the reporting per-	if you use a valuati	not allow you to choose specific	not allow you to choose specific levest-	asser had
rd and (b) any other asset or sources of ricome which generated more than \$200 in funearied more than \$200 in funearied.	please specify the method used.	all other assets including all IRAs, midelle that tope of prome by charle.	didicate the category of income by	sales (5), or
hand provide a complete address. Provide full names of stocks and mutual funds (do not use	asset was sold during t		s and interest, even i	exchanges (E)
naker symbols, For all IRAs and other retirement plans (such as 401(k) plans) that are self directed	generated income, the value should be	Vested, should be listed as income. Oheck: None of asset did not gener-		\$1 900 in
ي√ خـ	None	ate any income during caldintar कुल्या		герогинд уеаг
provide the value and income mormation on each asset in the account that exceeds the				Pronty a
reporting threshold. For reprement plans that are not self-directed, name the institution holding the		(n : 7	W X X X X	portion of an
period ctale the name of the humaess the nature				please indicate
of its activities, and its geographic location of Block A. For additional information, see the		7.77.2		as follows (S) (partiti)
Exclude: Your personal residence(s) (unless				See below "or .
your spouse, or by you or your spouse's child parent, or sibling, any deposits totalling \$5,000 or less in personal savings accounts, and any financial inherest in or income derived from 1/2.5 Government retirement programs	\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$5,000,000 - \$25,000,00		2,500 5 000 15,000 \$50 000 \$1,000,000 - \$5,000,000	in in
If you so choose, you may indicate that an abset or accome source is that of your spouse (SF) or appendent child (DC) or is jointly held (JT) in the optional column on the fur left.	\$500,001 \$1,000,00 \$5,000,00	Other Typ		ſ
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Tr Citibank - Cash	X	X		-
UT Prudential Fixencial Life IN	>	X	X	!
OTICISMA Corp Joseph	X			·
DT Merrill Lynch Jawashmat	X		X (Prinyested)	Spartice
Secaddondum # /				? (partial)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mickel E Mc Mckon Page 5 of 13

Continuation Sheet (if needed)	Name	LICERCIE HIGHERON PAGE OFF
	ВСОСКБ Year-End Type Value of Asset of Income	BLOCK D BLOCK E Amount of Income Transaction
SP.	000 II 000 II 00,000 C 00,000 II	
<u></u>	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$50,001 - \$250,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000 \$5,000,001 - \$5,000 \$5,000,001 - \$5,000 \$7,000,001 - \$50,00 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TO	None \$1 - \$200 \$201 - \$1,080 \$1,001 - \$2,500 \$15,001 - \$15,000 \$15,001 - \$100,000 \$50,001 - \$100,000 \$1,000,001 - \$5,000,000 Over \$5,000,000
Merrill Lynch IRA (formerly Sesic and) SEP your combined) Sec addendum # 2	Work (E) X X	X ((c), model) (partial)
De Merrill Lynch Ug mid for son Joseph see adderdon # 3	X X (reinvaria	X (Linnage) P+3
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INCOINE		

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SP, DC, J or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that SCHEDULE IVof \$200, check the "capital gains" box and disclose this modifie on Schedule III Capital Gains - - it a sales transaction resulted in a capital gain in surveys cate (i.e., "partial sale") ates rental income action. Exclude transactions between you, your spouse or dependent ch. Report any purchase, sale, or exchange transactions by you your spouse dren, or the purchase or sale of your personal residence resulted in a capital loss. Provide a brief description of any exchange trans-First Eack OJ Fond Potos Vasco Tan Menagar Fund American Income Fund If only a portion of an asset is sold, please so indi-Mega Coporation Common See example below TRANSACTIONS Stock (partial sale) unless it gener 9 × **PURCHASE** Transaction Type SALI **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly Monthly or MO DAY:YR Dr 02 Br-weekiy if applicable Date \$1,001-Ø \$15,000 \$15,001- \times \times \times O \$50,000 \$50,001-Amount of Transaction \$100,000 O \$100,001 \$250,000 m \$250,001 \$500,000 \$500 001-O \$1,000,000 \$1,000.001 \$5,000,000 I \$5,000,001 \$25,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000 木

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SCHEDULE V- LIABILITIES

Name Michael E. Minhalon Page & or B.

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; 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,	Creditor	Type of Liability	ability	,001- ,000 59	.001- .000 50 .001- .006 C	.001- .000 50	.001- .000	.001- .000	.001- .000	0001- 0006 C 0006 C 0,001- 0,0000 E 0,0001 F 0,0001 C 0,0001-	001- 0000 BB 0001- 0006 C 0001- 00000 E 00001- 000000 F 000001- 0000001- 0000001-	.001- .000 BB .001- .006 C .001- .0000 D .0001 E .0000 FI .0000 FI .000.000 G
-	Example First Bank of Wilmington Delaware	Mortgage on 129 Main St. Beson Del	Ser Del	\$ 5	\$	\$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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		SI NY Praiowly	w/y	-:	/\(\sigma\)	٠٠٠/٧	y/co	(V)/y	y/v	\/ \/ \/ \	\(\frac{1}{2}\)	\(\frac{1}{2}\)
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SCHEDULE VI - GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all 2.ths totaling invite than \$335 received by you, your spouse, or a dependent chief from any source during the year

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 Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal mendship received from Committee on Standards)	\$345
None		
		à :

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

or were paid by you and reimbursed 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

Source Date(s) City of Departure—Destination—Lydgings Food? Was a Family Number of days and Examples Chamber of Connect Control Contro							
Chicago Chamber of Commerce Aug 6-11 DC—Los Angeles—Cleveland V V V V V V V V V V V V V	Source	Date(s)		Lodging?	Food? (Y/N)		Number of days not at sponsor's expense
Polycot Corporation Aug. 6-11 DC-Los Angeles - Cleveland Y Y Y Y Y Y Y Y Y Y Y Y Y		Mar. 2	:	Z	z	Z	None
None		Aug. 6-11		~	_	Y	2 Days
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SCHEDULE VIII - POSITIONS

Name Mickel E Mc Mchon

Page 10 of 15

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,
	ition, any labo	zation, partner

Exclude: Positions listed on Schedule I: positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
_	
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SCHEDULE IX—AGREEMENTS

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. 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

Date	Parties To	Terms of Agreement
	1)974	
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And the second s		

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Norme Michael E Mc Mehan Page/ Lot 13

BLOCK A Asset and/or Income Source	BLOCK B Year-End Type Value of Asset of Incomi	BLOCK D Amount of Income Transaction
Addendur # 1 Merrill Lynch Thurstment	S1 - \$1,000	Other Type of Income (Specify) None = \$1 - \$200 = \$1.001 - \$2.500
CD - Cole Taylor (Jank) Bakuic Ny Muni Bond New York, Ny Muni Bond	×××	× ×
Poston Vance To Menyar	X	XX
Mainstey MARR First Eggle US	XX	X X X

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

2 5 Ų) Merrill Lynch IRA Asset and/or income Source BLOCK A None œ \$1 - \$1,000 () \$1,001 - \$15,000 DE \$15,001 - \$50,000 Value of Asset BLOCK B
Year-End \$50 001 ~ \$100,000 \$100,001 - \$250,000 **(**) \$250,001 - \$500,000 I \$500.001 - \$1,000.000 \$1,000,001 ~ \$5,000,000 \$5,000 001 - \$25,000,000 \times \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS HENT INTEREST of income BLOCK C **₹** CAPITAL GAINS **EXCEPTED/BLIND TRUST** ©rred Type of Income (Specify) \$1 - \$200 Amount of Income < \$1.001 - \$2.500 BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15 001 ~ \$50 000 \$50,001 ~ \$100,000 $\overline{\times}$ \$100,001 - \$1,000,000 × \$1 000,001 - \$5,000,000 Over \$5,000,000 Transaction BLOCK E an ion to

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Name Middel E. Minkly

Page 12 of 13

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

Name Michel E. McMcLo

8 Asset and/or income Source BLOCK A None Œ \$1 - \$1,000 O \$1,001 - \$15,000 D E \$15,001 - \$50 000 Value of Asset \$50,001 - \$100,000 Year-End BLOCK B \$100,001 ~ \$250,000 ο Ι \$250,001 -- \$500,000 \$500,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 ς... \$5,000,001 - \$25,000,000 Х \$25,000,001 -- \$50,000,000 Over \$50,000.000 NONE DIVIDENDS RENT INTEREST of Income SHOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Other Type of Rigorne "Sonoity \$1 \$200 Amount of Income \$1.001 - \$2.500 BLOCK D . ≺ \$5.001 - \$15.000 <u>`</u> ≦ \$50 001 ~ \$100 000 ã \$100 001 S1 900 000 \$1,000,001 ~ \$5,000,000 × Over \$5,000,000 Transaction DUTCHAK Sry Jar Dreckere BLOCK E m or to

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