

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

Peter A. Defazio

5-6416

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer ☒ Member of the U.S. House of Representatives

State: OR District: 04

Officer Or Employee

Employing Office:

Report Type ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

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

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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SCHEDULE I - EARNED INCOME

Name Peter A. DeFazio

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
City of Eugene Oregon	spouse salary	n/a
US Government	self salary	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. Defazio

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
<p>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 period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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 optional column on the far left.</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
self	Selco CU	\$1,001 - \$15,000	interest	\$1 - \$200	
self	ASB Bank	\$1,001 - \$15,000	interest	\$1 - \$200	
self	Cape Cod Five Cents Savings Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self	Bank of New Zealand	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self	Oakmark Select Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
self	Wright Patman FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. DeFazio

self	ira Schnitzer Steel	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
self	ira General Motors	None	None	NONE	S
self	ira Antigenics Inc	\$1 - \$1,000	None	NONE	P
JT	rental income 1/4 share Hempleman Drive Akaroa NZ	\$100,001 - \$250,000	RENT	\$1,001 - \$2,500	
JT	53880 Pine Grove Lapine or 1/2 share	\$100,001 - \$250,000	None	NONE	
self	TSP	\$500,001 - \$1,000,000	def comp interest cand cap gains	\$15,001 - \$50,000	
JT	rental 335 Anakiwa Drive Anakiwa NZ	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
JT	residence Springfield Or	\$250,001 - \$500,000	None	NONE	
SP	Pacific Cascade FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	ira Ameritrade Oakmark Equity Income	\$15,001 - \$50,000	def comp dividends	\$201 - \$1,000	
SP	Bank Of New Zealand	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Sentinel Balanced Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
SP	def comp ING Templeton Global Bond Fund	\$1,001 - \$15,000	def comp dividends	\$1 - \$200	P
SP	def comp ING PIMCO total return	\$15,001 - \$50,000	def comp dividends	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. DeFazio

SP	def comp ING Fidelity Contra Fund	\$50,001 - \$100,000	def comp dividends	\$2,501 - \$5,000	S(part)
SP	def comp ING Euro Pacific Growth	\$15,001 - \$50,000	def comp dividends	\$201 - \$1,000	
SP	def comp ING Fixed	\$250,001 - \$500,000	def comp - interest	\$2,501 - \$5,000	P
SP	def comp ING Euro Pacific	\$15,001 - \$50,000	def comp dividends	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Peter A. Defazio

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	def comp ING Fidelity Contra Fund	S(part)	No	11/23/09	\$15,001 - \$50,000
SP	def comp ING Fixed	P	N/A	11/23/09	\$1,001 - \$15,000
SP	def comp ING Templeton Global Bond Fund	P	N/A	11/23/09	\$1,001 - \$15,000
self	ira Antigenics Inc	P	N/A	8/05/09	less than 1,000
self	ira General Motors	S	No	4/27/09	less than 1,000
self	Oakmark Select Fund	S(part)	No	7/22/09	\$1,001 - \$15,000
SP	Sentinel Balanced Fund	S(part)	No	3/31/09	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Peter A. DeFazio

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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 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Countrywide	mortgage on 53880 Pine Grove Lapine Or	\$15,001 - \$50,000
JT	Bank Of New Zealand Mortgage	1/4 interest 36 Hempleman Akaroa NZ	\$15,001 - \$50,000
JT	Bank Of New Zealand mortgage	335 Anawiwa Anakiwa NZ	\$50,001 - \$100,000