	ent Yes No	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 Committe from this report d	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official trusts" need not be disclosed. Have you excluded from this report details of such a trust ben child?	
]	STIONS	TION ANSWER EACH OF THESE QUESTIONS	T INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	1 —
		schedule attached for each "Yes" response.	:	If yes, complete and attach Schedule V.	
=	and the appropriat	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 V. than \$10,000) during the reporting period?	_
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
<u>S</u>	outside Yes 🗌 No	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 IV. reportable asset in a transaction exceeding \$1,000 during the reporting Y	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	ng in the Yes ✓ No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearned" income of ill. more than \$200 in the reporting period or hold any reportable asset worth Y more than \$1,000 at the and of the nertod?	
1		and		If yes, complete and attach Schedule II.	
	e travel or an \$335 Yes 🖳 No	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 II. you for a speech, appearance, or article in the reporting period? Y	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
₹ <u></u>	Rin the Yes	Did you, your spouse, or a dependent child receive any reportable gift in the VI. 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 I. or more from any source in the reporting period?	
		UESTIONS	OPTHESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	l — I
	late.	on 1/2/2011	Termination	Type	
si -	more than 30 days	Termination Date:	\sum_{i}	Report	
nst	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee		Filer Member of the U.S. State: AZ House of Representatives District: 03	
	or (Office fuse: Only)			(Full Name)	
	211 MAR -4 PM 1: 02	602.942.8503		John B. Shadegg	
	LEG SI ATIVE RESOURCE CENTLE	רפפ	:		
		For use by Members, officers, and employees	ENT	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
RED	BELIVERED	FORM A Page 1 of 6	ATIVES	JUNITED STATES HOUSE OF REPRESENTATIVES	
5	工具			-	i

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.

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SCHEDULE I - EARNED INCOME

Name John B. Shadegg

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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.

Coldwell Banker Residential Brokerage Spouse Commission N/A	Source	Туре	Amount
	Coldwell Banker Residential Brokerage	Spouse Commission	N/A

Name John B. Shadegg

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	=	,		
Arizona State Retirement Fund S	Arizona State Retirement Fund J	1/4 Interest in Family Summer Home, Prescott, AZ	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 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. 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. 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.	BLOCK A
\$50,001 - \$100,000	\$50,001 - \$100,000	\$50,001 - \$100,000	Year-End Value of Asset 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."	BLOCK B
Interest	Interest	None	Type of Income 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.	BLOCK C
\$5,001 - \$15,000	\$5,001 - \$15,000	NONE	Amount of Income 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.	BLOCK D
			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E

SCHEDULE V - LIABILITIES

Name John B. Shadegg

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

JT DC,	Creditor	Type of Liability	Amount of Liability
JĽ	Sallie Mae/Goal Financial, Great Lakes ACS	PLUS loan	\$100,001 - \$250,000
JT	GE Money	credit line	\$15,001 - \$50,000
ĴŢ	Congressional Federal Credit Union	revolving account	\$15,001 - \$50,000
T	American Express	revolving account	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John B. Shadegg

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spouse or dependent child that is totally independent of his or her relationship to you. 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 a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
NRCC	Feb. 12-14	Feb. 12-14 DC-Miami-Phoenix	Y	Y	Z	None
American Legislative Exchange Council	Aug. 6-7	Phoenix-San Diego-Phoenix	~	z	Z	None
Scripps Health Foundation Dec 4-5	Dec 4-5	Phoenix-San Diego-Phoenix	~	~	z	None

SCHEDULE VIII - POSITIONS

Name John B. Shadegg

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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 honorary nature; and positions listed on Schedule I. educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
Board of Directors	Arizona Economic Forum
Board of Directors	Salvation Army
Board of Directors	Friends of Lake Powell