	hild hics. Yes No ✓	income, transactions, or liabilities of a spouse or dependent cl yes" unless you have first consulted with the Committee on Et	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.	Exemptions H
	Yes 🗌 No 🗸	ttee on Ethics and certain other "excepted trusts" need not be ust benefiting you, your spouse, or dependent child?	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts- D
	STIONS	ATION - ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	EXCLUSION OF
		schedule attached for each "Yes" response.	attach Schedule V.	if yes, complete and attach Schedule V
	and the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes ✓ No ☐	V. (more than \$10,000) dur
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV
	outside Yes 🗌 No 🔽	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes 📝 No 🗌	Did you, your spouse, o
		If yes, complete and attach Schedule VIII.	attach Schedule III.	If yes, complete and attach Schedule III
	Ing in the Yes □ No ☑	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth Yes Vone III	Did you, your spouse, o
		If yes, complete and attach Schedule VII.	attach Schedule II.	If yes, complete and attach Schedule II.
	le travel or nan \$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)?	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 No	Did any individual or or III. you for a speech, appea
		If yes, complete and attach Schedule VI.	attach Schedule I.	If yes, complete and attach Schedule I.
	therwise Yes No	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)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes 🕢 No 🔲	Did you or your spouse
		QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINARY IN
	more than 30 days late.	ation Pate:	Annual (May 15) Amendment 🔲 Termination	Report Type
	anyone who files			
	be assessed against	Employee	House of Representatives District: 01	()
1 .	A \$200 penalty shall	Officer Or Employing Office:	Member of the U.S. State: IA	W A
76	(Office Use Only)	(Daytime Telephone)	(Full Name)	
	2011 MAY 16 PH 1: 34	202-225-2911	Bruce Lowell Braley	
	THE STAND STANDEDS SALES TO THE			
超	HAND DELIVERED	FORM A Page 1 of 7 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE CALENDAR YEAR 2010 FINANCIAL
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SCHEDULE I - EARNED INCOME

Name Bruce Lowell Braley

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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.

Waterloo Community School District Spouse Salary	Source	
Salary	Туре	
N/A	Amount	

				-	
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
ASS(Identify (a) ea a fair market and (b) any o generated mo	Asset and/or income Source 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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Year-End Value of Asset at close of reporting year. If you use a valuation method	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Transactio Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comp symbols.)	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	valuation metrica other than fair market value, please specify the method used. If an	specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may	(such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category	\$1,000 in reporting year.
For all IRAs a self-directed exercised, to asset held in retirement ac of the institut	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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the	asset was sold and is included only because it is generated income, the value should be "None."	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check	
For rental or address.	For rental or other real property held for investment, provide a complete address.		aunng the reporting period.	earned or generated.	
For an owner publically tradactivities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting				
	PEPSICO, INC	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	AMANA MUTUAL FUNDS TRUST INCOME FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA MID CAP VALUE FUND A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	DAVIS NEW YORK VENTURE FD CL A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	EUROPACIFIC GROWTH FUND CL-F	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS F	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Bruce Lowell Braley	well Braley		Page 4 of 7
HARTFORD MID CAP FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	S(part)
IVY FUNDS PACIFIC OPPORTUNITIES FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	
LAZARD EMERGING MARKETS PORTFOLIO RETAIL SH	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
LOOMIS SAYLES FUNDS II INVT GRADE BOND FD CL A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
NEUBERGER BERMAN EQUALITY TR SOCIALLY RESPONSIVE TR	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
PIMCO FUNDS TOTAL RETURN ED CLASS A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
TEMPLETON GLOBAL BOND FL CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	,
THORNBURG INVT TR INTERNATIONAL VALUE FD CLASS A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
INSURED BANK PROGRAM	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
BARON ASSET FUND	None		NONE	Ø
GATEWAY TRUST INDEX PLUS FUND CLASS A	None		NONE	Ø
JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	None		NONE	S
T ROWE PRICE GROWTH STOCK	None		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Bruce Lowell Braley	well Braley	
	\$100,001 -	CAPITAL GAINS	\$2,501 - \$5,000
MANAGED ACCOUNT	\$250,000		

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SCHEDULE IV - TRANSACTIONS

Name Bruce Lowell Braley

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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 out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. 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

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	BARON ASSET FUND	S	Yes	2-19-10	\$1,001 - \$15,000
	COLUMBIA MID CAP VALUE FUND A	S	N _o	2-19-10	\$15,001 - \$50,000
	DAVIS NEW YORK VENTURE FD CL A	S	Yes	2-19-10	\$15,001 - \$50,000
	GATEWAY TRUST INDEX PLUS FUND CLASS A	တ	Yes	2-19-10	\$1,001 - \$15,000
	GROWTH FUND OF AMERICA CL F	<i>.</i>	Yes	2-19-10	\$50,001 - \$100,000
	HARTFORD MID CAP FUND CLASS A	S	N _o	2-19-10	\$1,001 - \$15,000
	JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	S	N _o	2-19-10	\$1,001 - \$15,000
	T ROWE PRICE GROWTH STOCK	S	Yes	2-19-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Bruce Lowell Braley

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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
COMMUNITY NATIONAL BANK	Creditor
July 2010	Date Liability Incurred
Bridge Loan- Paid off 9/8/2010	Type of Liability
\$10,001 - \$15,000	Amount of Liability