ĭ ⊠	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trar irst consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
N N	d trusts" need not Yes	spouse, or dependent child?	e on Standard	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?
S	ANSWER EACH OF THESE QUESTIONS	i	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part rappropriate schedule attache	S S	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.
N _S	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	□ S	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.
N _S	or before the date	VIII. Did you hold any reponable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S _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.
	d receive any n the reporting Yes X	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.	ĕ ×	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.
N _o	regating more Yes	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.	S _S	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 If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
assessed es more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	ee Termination Date:	Officer or Employee	Status Member of the U.S. State: 12 House of Representatives District: 09 Report Type Annual (May 17, 2010) Amendment
9	HAND DELIVERED (Office Use Only)	Daytime Telephone: 202 725 2111	Daytime	Name: Janice D Shakowsky
5: 01 5: 01	LEGISLATIVE RESUBREE DEHTER	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
Strategic (ensulting Graup NA	Spouse Salery	Z
State of Illinois	Legislative Pension \$22,348	\$22,348
	C	

						_												
EuroPacific Growth Fund Class A Small Cap World Fund Class A	Washington Mutual Investors Fund	Growth Fund of America Clush	Fundamental Investors Inc Class A	Amery Fund Inc. Class A		SP, Mega Corp. Stock DC, Examples: Simon & Schuster	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.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by 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 interest in or income derived from 11.5	of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	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	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	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).	names of stocks and mutual funds (do not use ticker symbols). For <i>all IRAs</i> and other retirement	which generated more than \$200 in "unearned" income during the year. For rental property full had provided to provide the provided to provide the provider of	exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income	Identify (a) each asset held for investment or production of income with a fair market value	Asset and/or Income Source	BLOCK A
* *	*	X .	*	*	×	Indefinite	None \$1 - \$1,000 \$1,001 - \$15,0 \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$1 \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$,000 0,000 50,000 00,000 ,000,000 55,000,000			B C D E T G H - J X L	generated income, the value should be "None."	If an asset was sold during the reporting year and is included only because it	please specify the method used.	method other than fair market value,	Indicate value of asset at close of	Value of Asset	BLOCK B
* ×	×	×	*	*	×	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BI Other Type of (Specify: For Exa	IND TRUST	ip Income o	or Farm In	come)	Check "None" if asset did not generate any income during calendar year.	Dividends and interest, even if reinvested, should be listed as income.	assets <i>including all</i> he type of income by	investments, you may write "NA." For	Check all columns that apply. For retirement plans or accounts that do	ncome	BLOCK C
×	×	×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,00 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$ Over \$5,000,0	00 00 000 ,000 ,000 ,000 ,000,000 \$5,000,000				or generated.	Vested, should be listed as income. Check "None" if no income was earned	checking the appropriate box below.	ments, you may write "NA" for income. For all other assets, including all IRAs,	For retirement plans or accounts that do not allow you to choose specific invest-	Amount of Income	BLOCK D
						S (partial)	m ŵ	example.	as follows: (S) (partial) See below for	asset is sold, please indicate	If only a portion of an	reporting year.	exceeding	exchanges (E)	purchases (P),	asset had	Indicate if the	BLOCK E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name nice D. Schakowsky

Page 4 or

ر ا	Continuation Sheet (if needed)		Name	Page ! _ 0!	01-1-
	BLOCK A	BLOCK B	вгоск с		Χ̈́ m
	Asset and/or income source	Value of Asset	of Income	Aniount of income	
SP,		ABCDEFGHIJKL			-
DC,		0 000 0,000 00,000			•
<u>1</u> 1		0,000 00,000 250,00 500,00 1,000,0 \$5,000 \$25,00	Incom	0 000 000 0,000 000,000 5,000,0	
		\$1,000 1 - \$15 01 - \$5 01 - \$1 001 - \$ 001 - \$ 001 - \$ 0,001 - \$ 0,001 - \$ 0,001 - \$ 00,001	ENDS	200 - \$1,000 - \$2,50 - \$5,00 - \$15,00 1 - \$50 01 - \$10 001 - \$1 0,001 - \$1 65,000,0	
		\$1,00 \$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00 \$25,0	RENT INTEL CAPI EXCE	\$1,00° \$2,50° \$5,00° \$15,00° \$50,00° \$100,4°	
	American High Income Trust CIAS	**	X	X	
	ute Bond Fund Aner	*	×	X	
	Moran Starley - Dear Willer Tax	*	*	*	
	Exempt Securities Invest Class 1				
	Oppenheimer & Co. Havantege	X .	X	×	
	Primary Liquidity Full (Creek)				
77	Putman College Holunatese 1998	*	×	×	
7		×	×	×	
7	2.87	×	*	×	
ĪŢ	100.5	*	*	×	
	Bank of America checking	×	<u>.</u> ×	*	
	2	×	X	×	
45	AC Edwards Wells Fargo Cash	×	*	×	
£.	Deposit 1				
52	Thornburg Mortgage Inc	×	X	X	
£	Equity In	×	×	×	
92	<u>}-</u>	×		×	-
SS	AMEAD Fund Inc.	*		T-0	7
Æ		×		X	!
	Global Growth & Income				

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name D. Schakowsky

Page 5 of 9

Continuation Sheet (if needed)

																SP		SP	4 5	52	JT DC,	
									The state of the s							Calamos Growth Fund	-	nternational	id Hu	Private Back-checking Chiago IL		Asset and/or Income Source
								 	1								1				None >	
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SCHEDULE IV - TRANSACTIONS

Janice D. Schatowsky Page 6 of 9

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							SP	95	SP	5P	SP	SP	SP DC, JT	Capital Ga of \$200, ch	ates rental	resulted in action. Exc	Report and or depend erty held f
						(closed out-novelue)	Thornburg Mortgage Investments 12)	American Funds Growth Fund America	Colomos Growth Fund	Calamos Investment Trust-howfund	Putnown International Equity Fund	Example: Mega Coporation Common Stock (partial sale)	Asset	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 III.	dren, 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. "nartial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions 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
								×		×				PURCH	IASE		of Tr
							×		×	į.	X	×		SALE			Type of Transaction
		_		_	 									EXCHA	NGE		tion
														Check Bo Gain Exc	ox if Coeeded	apital \$200	ı
							12/18/09	4/8/09	60/9/4	4/6/09	4/7/09	10-12-09		Monthly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
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SCHEDULE V- LIABILITIES

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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; 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	SP		JT DC,) 	
	SP Wells Fargo (Formerly Washovia Socurities)	SP Citibank A Advantage	Example: First Bank of Wilmington, Delaware	Creditor		
	Loan on Stock	Credit Card	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
	×			\$10,001- \$15,000	B	
		X		\$15,001- \$50,000	ဂ	
				\$50,001- \$100,000	D	
			×	\$100,001- \$250,000	Е	Amou
			_	\$250,001- \$500,000	П	nt of
			_	\$500,001- \$1,000,000	ဂ	Amount of Liability
			-	\$1,000,001- \$5,000,000	I	₹
		<u> </u>	_	\$5,000,001- \$25,000,000 \$25,000,001-	-	
			_	\$50,000,000 Over	ſ	
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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 gifts totalling more than \$335 received by you, your spouse, or a dependent child 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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

or were paid by you and reimbursed by the sponsor.

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

a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure — Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
Aspen Institute Congressional	Fb 14-20	DC - Amman Jordan - DC	Y	Y	Y	None
<i>' ></i>	May 26-	Chicago - Dubrounik, Godfa	<u> </u>	Y	\(\)	None
	Aug 21-22	Aug 21-22 Chicago - LA - Chicago	< \	2)	2.	Nove
*The Nation Institute	Dec 78	Chicago NYC - DC	~ `	~	Z	None
travel to attend charity			\	,		
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SCHEDULE VIII—POSITIONS

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

zations); and positions solely of an honorary nature.	phorary nature.
Position	Name of Organization
Advisory Board	Interfaction House
Advisory Board	Ted Fund
Advisory Board	Midwest Palliative and Hospice Care Center
Advisory Bond	Illinois Women's Institute for Leadership
Advisory Board	Women's Treatment Center
Advisory Board	Between Friends
Advison Board	Wilber Wright College HW/STI Preventin Education
SCHEDULÉ IX-AGREEMEN	SCHEDULÉ IX-AGREEMENTS Policy Council Member - Othzen Athin / Illinois
Identify the date, parties to, and gener	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

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an

 —	 			
		, rem	,	Date
				Parties To
				Terms of Agreement