UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT Stery H, Hover Stery H, Hover Stery H, Hover Status Stery H, Hover Filer Status Stery H, Hover Status Stery H, Hover Filer Filer Status Member of the U.S. State: MD Amendment Filer Filer Status Member of Representatives District 05 State: MD Amendment Termination Date: District 05 A 200 peaces and attach Sended attach service in this report apparatus for the man \$25.4 and more than 30 days PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS If yes, complete and attach Sended in the production period? Types Presc, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the production period? Types, complete and attach Sended in the period in the production period? Types, complete and attach Sended in the production period in the period in	iid iics. Yes □ No ☑	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.	ssets, "unearned" inc ? Do not answer "ye	Exemptions— Have you excluded from this report any other a because they meet all three tests for exemption	
Slery H. Hoyer Status Nalendary vear 2010 Financial Disclosure State: MD Slery H. Hoyer Status Nember of the U.S. State: MD Amendment Type Amendment Type Amendment Type Officer Or Femination Date: Termination Type Officer Or Employing Office: A Amendment Type Officer Or Employing Office: A Amendment Type Officer Or Employing Office: A Amendment Termination Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule V. Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule VI. Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule VI. Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule VI. Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule VI. Type, complete and attach Schedule VII. Did you, your spouse, or a dependent child reasive any reportable upon more than 1310 and attach Schedule VII. Type, complete and attach Schedule VIII. Did you, your spouse, or a dependent child preserve more any reportable upon more than 1310 and attach Schedule VIII. Type, complete and a		ee on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?	oved by the Committ details of such a trus	·	
SILENDARY YEAR 2010 FINANCIAL DISCLOSURE STATEMENT Sterny H. Hoyer Filter Status Sterny H. Hoyer Filter	SHONS	NTION ANSWER EACH OF THESE QUES	UST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TR	m
Status Sterny H. House of Representatives Status Sterny H. Hoyer Figer Status St		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
Steny H. Hoyer Column Steny H. Hoyer State: MD Officer Or Employees Status Steny H. Hoyer Column Steny H.	and the appropriate	Each question in this part must be answered	Yes No		<
Status		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT Sterny H. Hoyer (Full Name) Sterny H. Hoyer (Daytime Telephone) Annual (May 15) Did you or your spouse have "sarrad" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, completes and attach Schedule I. Did you, your spouse, or a dependent child receive any reportable to the more than \$200 in the epochdy period or hold any reportable and stach Schedule III. Did you, your spouse, or a dependent child receive any reportable to the more than \$200 in the epochdy period or hold any reportable and stach Schedule III. For use by Members, officers, and employees (Daytime Telephone) A 202-225-3130 A 201-225-3130 A	Yes		S ≥		7
Status		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
Status Steny H. Hoyer Status	Yes ✓	Did you hold any reportable positions on or before the date of fillivill. current calendar year?	<		=
Status Steny H. Hoyer Status Status Status Status Member of the U.S. State: MD House of Representatives District: 05 Report Type PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 period (i.e., aggregating more than \$355 and employees 200 period (worth more than \$150 period) If yes, complete and attach Schedule I. 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? PAN Page 0 of \$EG\$ SLITE For use by Members, officers, and employees 200 period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE For use by Members, officers, and employees 200 period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE For use by Members, officers, and employees 200 period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Obligation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) Pan Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Consultation of the paying period (and employees 200 period) PAN Page 0 of \$EG\$ SLITE Pan Page 0 of \$EG\$ SLITE Page 0 of \$EG\$ SLITE Page 0 of \$EG\$ SLI		if yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
Steny H. Hoyer Status	or Yes	Old you, your spouse, reimbursements for tra from one source)?	Yes 🗌		=
UNITED STATES HOUSE OF REPRESENTATIVES Status Steny H. Hoyer (Full Name) Status Status Member of the U.S. State: MD House of Representatives District: 05 Filer Type Annual (May 15) Did you or your spouse have "samed" income (e.g., salarless or fees) of \$200 or		If yes, complete and attach Schedule VI.		if yes, complete and attach Schedule I.	
OF REPRESENTATIVES DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-3130 Full Name) State: MD tatives District: 05 Amendment Termination Date:			Yes 🗸 No 🗌		-
For use by Members, officers, and employees 202-225-3130 (Daytime Telephone) Termination Date: For use by Members, officers, and employees 2011 202-225-3130 (Daytime Telephone) A but an		UESTIONS	1 OF THESE C		77
For use by Members, officers, and employees 202-225-3130 (Daytime Telephone) A Officer Or Employing Office: Employee	more than 30 days late.	Termination	☐ Terminat	Annual (May 15)	T
FORM A Page 0 of 8 EG SL 1 For use by Members, officers, and employees 28 1 202-225-3130 HA (Daytime Telephone)	A \$200 penalty shall be assessed against			Member of the U.S. State: House of Representatives District:	
FORM A Page 0 of 8 EG SL Page	(Office Use Only)			(Full Name)	
For use by Members, officers, and	THE STATE OF THE STATE STATES			Steny H. Hoyer	
VES For use by Members, officers, and	1 MAY 13 PM 12: 46	20			
	SLATIVE RESOURCE CENTER	FORM A Page 0 of 8 EG For use by Members, officers, and employees	SMENT	UNITED STATES HOUSE OF REPRESEN CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATI	

(S)

SCHEDULE I - EARNED INCOME

Name Steny H. Hoyer

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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.

Source Type Amount Maryland State Retirement Agency Legislative Pension \$20,481.24	\$1,000.		
Legislative Pension	Source	Туре	Amount
	Maryland State Retirement Agency	Legislative Pension	\$20,481.24

SCHEDULE III - ASSETS AND "UNEARNED" INCOME vacation homes (unless there was rental income during the reporting Exclude: Your personal residence, including second homes and publically traded, state the name of the business, the nature of its For an ownership interest in a privately-held business that is not address. For rental or other real property held for investment, provide a complete of the institution holding the account and its value at the end of the retirement accounts which are not self-directed, provide only the name asset held in the account that exceeds the reporting thresholds. For self-directed (i.e., plans in which you have the power, even if not For all IRAs and other retirement plans (such as 401(k) plans) that are a fair market value exceeding \$1,000 at the end of the reporting period, activities, and its geographic location in Block A. reporting period. exercised, to select the specific investments), provide the value for each symbols.) Provide complete names of stocks and mutual funds (do not use ticker generated more than \$200 in "unearned" income during the year. and (b) any other reportable asset or sources of income which identify (a) each asset held for investment or production of income with ariadi: anu danasita tatalina tE DDD as lass in a nom Asset and/or Income Source Union America Program Digital Angel Corp Congressional Federal Credit Citibank NA Bank Deposit Berkshire Income Realty Investment Company of Income Fund of America **BLOCK A** None None None \$15,001 -\$15,000 \$1 - \$1,000 \$50,000 \$1,001 other than fair market None." the value should be asset was sold and is the method used. If ar value, please specify valuation method it is generated income included only because year. If you use a at close of reporting Value of Asset Year-End Name Steny H. Hoyer BLOCK B None DIVIDENDS period. even if reinvested, must column. Dividends, plans or IRAs), you may DIVIDENDS INTEREST CAPITAL GAINS during the reporting generated no income Check "None" if the asset be disclosed as income. check the "None" allow you to choose apply. For retirement Check all columns that INTEREST interest, and capital gains income (such as 401(k) that generate tax-deferred specific investments or accounts that do not Type of Income BLOCK C NONE \$201 - \$1,000 \$1,001 - \$2,500 \$1 - \$200 \$2,501 - \$5,000 earned or generated. \$201 - \$1,000 disclosed as income. Check capital gains, even if appropriate box below. of income by checking the assets, indicate the category "None" if no income was Dividends, interest, and "None" column. For all other reinvested, must be IRAs), you may check the (such as 401(k) plans or generate tax-deferred income specific investments or that do not allow you to choose For retirement accounts that Amount of Income BLOCK D S S S reporting year. \$1,000 in exchanges (E) exceeding (P), sales (S), or Transaction had purchases Indicate if asset **BLOCK E** Page 3 of 8

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Name Steny H. Hoyer

Western Asset Government Money Market Fund Class A Telkonet Legg Mason Value Trust Fund \$1,001 -\$15,000 \$1,001 -\$15,000 None None **DIVIDENDS** INTEREST NONE \$1 - \$200 \$1,001 - \$2,500 S Page 4 of 8

SCHEDULE IV - TRANSACTIONS

Name Steny H. Hoyer

Page 5 of 8

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. 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

?			Capital		
ት ይ ሂ	Asset	Type of Transaction	Gain in Excess of \$200?	Date	Amount of Transaction
	Berkshire Income Realty	S	No	12-21-10	\$1,001 - \$15,000
	Income Fund of America	S	N _o	12-21-10	\$50,001 - \$100,000
	Investment Company of America	S	S	12-21-10	\$15,001 - \$50,000
	Legg Mason Value Trust Fund	S	No	12-21-10	\$100,001 - \$250,000

SCHEDULE VIII - POSITIONS

Name Steny H. Hoyer

Page 6 of 8

honorary nature; and positions listed on Schedule I. representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Member St. Mar	Position	
St. Mary's College Board of Trustees	Name of Organization	

SCHEDULE IX - AGREEMENTS

Name Steny H. Hoyer

Page 7 of 8

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

Date Parties To Terms of Agreement 01/03/78 State of Maryland Pension annuity for service in Maryland State Senate (see Schedule I)	cuipic) so monai		
State of Maryland Pension annuity for Schedule I)	Date	Parties To	Terms of Agreement
	01/03/78	State of Maryland	nuity for

FOOTNOTES ယ N Number Schedule IV Schedule IV Schedule IV Schedule IV Section / Schedule Sales proceeds were applied to Thrift Savings Plan Name Steny H. Hoyer Footnote Realty of America Legg Mason Value **Investment Company** America Income Fund of Berkshire Income Trust Fund the following item This note refers to Page 8 of 8