

RICK BOUCHER
9TH DISTRICT, VIRGINIA

COMMITTEES
ENERGY AND COMMERCE

SUBCOMMITTEES

CHAIRMAN:
COMMUNICATIONS, TECHNOLOGY
AND THE INTERNET

ENERGY AND THE ENVIRONMENT

JUDICIARY

SUBCOMMITTEE:

COURTS AND COMPETITION POLICY

CO CHAIR,
CONGRESSIONAL INTERNET CAUCUS



Congress of the United States House of Representatives

WASHINGTON OFFICE:

2187 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3861

e-mail: NINTHNET@MAIL.HOUSE.GOV
WWW: <http://www.boucher.house.gov>

CONSTITUENT SERVICE OFFICES:

188 EAST MAIN STREET
ABINGDON, VIRGINIA 24210
(276) 628-1145

1 CLOVERLEAF SQUARE
SUITE C-1
BIG STONE GAP, VIRGINIA 24219
(276) 523-5450

106 NORTH WASHINGTON AVENUE
P.O. BOX 1268
PULASKI, VIRGINIA 24301
(540) 990-4310

May 14, 2009

MC

The Honorable Stephanie Tubbs Jones
Committee on Standards of Official Conduct
HT-2, The Capitol
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman Stephanie Tubbs Jones:

I am writing this letter in support of my claiming of the spouse and dependent disclosure exemption on my 2008 Financial Disclosure Report.

I hereby confirm that all of the following criteria have been met: (1) the item is the sole financial interest or responsibility of my spouse or dependent child and that I have no specific knowledge of the item; (2) the item was not, in any way, past or present, derived from my income or assets; and (3) I do not derive or expect to derive any financial or economic benefit from the item.

If you have any questions, please do not hesitate to contact Elizabeth Hogan of my staff at (202)-225-3861.

I remain with kind personal regards

Sincerely,

Rick Boucher
Member of Congress

RB/efh

LEGISLATIVE RESOURCE CENTER
2009 MAY 15 AM 11:4
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2009 MAY 15 AM 11:41

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

Frederick C. Boucher

202-225-3861

(Full Name)

(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives
State: VA District: 09

☐ 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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	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)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	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.	

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 checked="" type="checkbox"/> No <input type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Frederick C. Boucher

Page 2 of 6

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
McFarland Publications	Spouse Payments for Book Editing Services	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

Page 3 of 6

BLOCK A 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 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. 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 B 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 C 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 D 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 E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Bank of America Checking Account	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
Bank of America Savings Account	\$1001-\$15000	INTEREST	\$201 - \$1,000	
BB&T Common Stock	\$15,001 - \$50,000	DIVIDENDS	\$1001-\$2500	
South Financial Group	None	DIVIDENDS	\$201 - \$1,000	S
Vanguard S&P 500 Index Mutual Fund	None	DIVIDENDS/CAPITAL GAINS	\$1001-\$15000	S
New River Funds Mutual Fund	\$1001-\$15000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

Individual Retirement Account, Nations Securities (see following 3)	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$1001-\$2500	
Clinical Data Common Stock	None	DIVIDENDS	\$1 - \$200	S
Fidelity 4 in 1 Index Fund	None	DIVIDENDS/INTE REST	\$201 - \$1,000	S
Harbor International Mutual Funds	None	DIVIDENDS	\$1 - \$200	S
Lot-Town of Damascus	\$1001-\$15000	NONE	NONE	
Lot- Washington County	\$1001-\$15000	NONE	NONE	

SCHEDULE IV - TRANSACTIONS

Name Frederick C. Boucher

Page 5 of 6

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	Date	Amount of Transaction
	Vanguard S&P 500 Mutual Fund	S	7-11-08	\$50,001 - \$100,000
	Harbor International Mutual Fund	S	7-9-08	\$1001-\$15000
	Fidelity 4 in 1 Mutual Fund	S	7-9-08	\$15,001 - \$50,000
	Clinical Data Common Stock	S	5-12-08	\$1001-\$15000
	South Financial Group	S	4-30-08	\$1001-\$15000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frederick C. Boucher

Page 6 of 6

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, 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 reimbursed or paid directly 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Milken Institute for speech to annual Milken Economic Conference on prospects for Greenhouse Gas Control legislation	April 25-26	DC-Los Angeles-DC	Y	N	Y	None
International Management and Development Institute- for meetings and panel discussions on greenhouse gas controls and the state of development of carbon capture and sequestration technologies	May 26-31	DC-Oslo-DC	Y	Y	Y	None