

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

**HAND DELIVERED**

Michael M. Honda

(Full Name)

202-225-2631

(Daytime Telephone)

2010 JUL 21 PM 1:22

(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 15

☐ 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?	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 \$35 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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 \$35 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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.	
If yes, complete and attach Schedule V.			

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

# SCHEDULE I - EARNED INCOME

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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
California State Teachers Retirement System	Calstrs defined benefit retirement pay	\$35,516
California State Teachers Retirement System	Calstrs deceased spouse family allowance	\$11,878
California State Employees Retirement System	Calpers defined benefit retirement pay	\$12,130

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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.
Acacia Life Insurance Universal Life Policy	\$50,001 - \$100,000	None	NONE	
Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$50,001 - \$100,000	None	NONE	
Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$100,001 - \$250,000	None	NONE	
Evergreen Mid-Cap Growth Fund	\$1,001 - \$15,000	None	NONE	
Fidelity Adv Equity Growth Opport CL T	\$1,001 - \$15,000	None	NONE	
Fidelity Adv Growth Opport CL T	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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International County/City Mgrs. Assoc. 457 Deferred Comp. Plan, 100% in PLUS Fund	\$50,001 - \$100,000	None	NONE	
Sun Life common stock (SLF)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	(fr)
Union Bank	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	
Vacant land, San Bernardino County parcel # 0420271130000	\$1,001 - \$15,000	None	NONE	

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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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
Aspen Institute	Aug 17-22	San Jose-Calgary-San Jose	Y	Y	N	None
Congressional Black Caucus Foundation	Dec 4-6	DC-Atlanta-DC (lodging and food only)	Y	Y	N	None
Kangwon University	Aug 9-15	San Jose-Seoul-San Jose	Y	Y	N	None
Center for Research Action on Race Relations	May 15-17	DC-Montreal-DC	Y	Y	N	None

**SCHEDULE VIII - POSITIONS**

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

Position	Name of Organization
Board Member (uncompensated)	Asian Pacific American Institute for Congressional Studies

# SCHEDULE IX - AGREEMENTS

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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
Indefinite	Me/California State Teachers Retirement System	I am a participant in the Calstrs defined benefit retirement plan
Indefinite	Me/California Public Employees Retirement System	I am a participant in the Calpers defined benefit retirement plan

## FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Common stock distributed to Sun Life policyholders on March 23, 2000 when Sun Life became a publicly held company. Reported in initial filings from 2000 to 2006, but inadvertently omitted in 2007 and 2008. Value in 2007 was \$15,000-\$50,000. Value in 2008 was \$50,000 to \$100,000. Income was \$1,000 to \$2,500 in both years.	Sun Life (SLF)