Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fin Standards of Official Conduct.	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Of trusts" need not be disclosed. Have you excluded from this report details of such a trust child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?	8	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth yes more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	In year, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying III. you for a speech, appearance, or article in the reporting period? Yes If yes, complete and attach Schedule II.	e (e.g., salaries or fees) of \$200 od? Yes	PRELIMINARY INFORMATION ANSWER EACH OF	Report Type Annual (May 15) Amendment	Filer Member of the U.S. State: AL Status Status State: AL District: 05	(Full Name)	R. Parker Griffith, M.D.	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
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.		INFORMATION ANSWER EACH OF THESE QUESTIONS	S	No IX. entity? If yes, complete and attach Schedule IX.	No If yes, complete and attach Schedule VIII.	No VII. reimbursements for from one source)?	Old 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)? If yes, complete and attach Schedule VI.	THESE QUESTIONS	Termination Date:	Officer Or Employing Office: Employee	(Daytime Telephone)	256-551-0190	TIVES FORM A Page 1 of 9 For use by Members, officers, and employees
nild Yes No No	xted Yes ☐ No ☑	STIONS	and the appropriate	outside Yes No	ing in the	le travel or lan \$335 Yes No	legift in herwise Yes ☐ No 🗸		more than 30 days late.	A \$200 penalty shall be assessed against anyone who files	(Office Use Only)	ENTAUG 12 PM 4:56	HAND DELIVERED

SCHEDULE I - EARNED INCOME

Name R. Parker Griffith, M.D.

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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	Туре	Amount
Green River Enterprises, Inc.	Shareholder/Officer	\$373,000

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	R. Parker Griffith, M.D.		Page 3 of 9
	BLOCK A	вгоск в	вгоск с	ВГОСК D	BLOCK E
Identify (a) ea a fair market and (b) any o than \$200 in land, provide mutual funds retirement plain which you investments) in the accour plans that are and its value that is not put its activities, information, information, information of the parent or sible savings accoordinated by the composition of the control of th	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.	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."	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.	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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
If you so cho that of your s in the options	ose, you may indicate that an asset or income source is spouse (SP) or dependent child (DC) or is jointly held (JT), al column on the far left.				
	American Capital/AMCAP Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	American High Income	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	
	American Mutual Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	Anglo American	\$15,001 - \$50,000	None	NONE	
	Capital Income Builder Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
	Capital World Growth and Income Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	R. Parker Griffith, M.D.		Page 4 of 9
SP	Captial Income Builder	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Captial Income Builder	\$100,001 - \$250,000	DIVIDENDS	NONE	
SP	Captial World Growth and Income Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Coca Cola Company	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	
	Colonial Bank-Checking Account	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP	Emerson Electric Co	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Europacific Growth FD	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
	Europacific Growth Fund	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$5,001 - \$15,000	ס
SP	Exxon Mobil	\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
	Farm Bob Wade Ln and Nick Fitchard Rd	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	,
	Farmland on Highway 75 Albertville, AL	\$500,001 - \$1,000,000	None	NONE	
SP	Growth Fund America	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	1
	Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE III -
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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME SP Income Fund of America	Name \$100,001 \$250,000	R. Parker Griffith, M.D. DIVIDENDS	\$1 - \$200
SP	Income Fund of America	\$100,001 - \$250,000	DIV	DENDS
~	Income Fund of America	\$1,000,001 - \$5,000,000	DIVIDE	ENDS
SP	Intermediate Bond Fund of America	\$50,001 - \$100,000	DIVIDE	ENDS
_	Legg Mason Opportunity Trust	\$250,001 - \$500,000	None	
	Legg Mason Value Trust	\$500,001 - \$1,000,000	None	
	New Perspective Fund	\$250,001 - \$500,000	DIVIDE	DENDS
	Note Receivable from Manning Properties Huntsville, AL	\$100,001 - \$250,000	Other: F on loan	Other: Payment on loan note
	Real Estate 101 Lowe Avenue Huntsville, AL	\$500,001 - \$1,000,000	RENT	4
	Real Estate 2102 Leeeman Ferry Way Huntsville, AL	\$250,001 - \$500,000	RENT	T
	Real Estate 2105 Leeman Ferry Way Madison County, AL	\$250,001 - \$500,000	RENT	7
	Real Estate Carr Funeral Home 807 Sparks Avenue Boaz, AL 35956	\$250,001 - \$500,000	RENT	Ŧ
	Real Estate-land 310 Governors Drive Huntsville, AL	\$250,001 - \$500,000	RENT	7

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SCHEDULE
III - ASSETS A
ND "UNEARN
IED" INCOME

SP SP SP Triple Springs, Inc. (holding company) 500 St Clair Avenue Huntsville, AL Washington Mutual Investors Fund Washington Mutual Investors Fund Royal Dutch SHL ADR CL Account Regions Bank-Checking \$1,000,001 -\$5,000,000 \$1,001 -\$15,000 \$15,001 -\$50,000 \$500,001 -\$1,000,000 \$15,001 -\$50,000 Name R. Parker Griffith, M.D. RENT DIVIDENDS DIVIDENDS **DIVIDENDS** INTEREST \$100,001 -\$1,000,000 NONE \$50,001 - \$100,000 \$15,001 - \$50,000 \$201 - \$1,000 S(part) Page 6 of 9

SCHEDULE IV - TRANSACTIONS

Name R. Parker Griffith, M.D.

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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 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

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						JT CSP,	מתני וו סווו
Growth Fund of America		Capital World Growth and Income Fund	Capital Income Builder Fund	American Mutual Fund	American Capital Fund	Asset	out II only a portion of an asset is sold, please so indicate (i.e., "pa
ט־		(C) P	S(part)	ס	P	Type of Transaction	partial sale"). See example below.
N _o	ē	Z O	N _O	No	No	Capital Gain in Excess of \$200?	elow.
12/22/09	12/28/09 12/30/09 12/01/09 10/28/09 09/30/09 08/28/09	12/17/2009 09/30/2009 06/23/2009 03/23/2009	01/22/2009 12/21/2009 09/30/2009 06/23/2009 03/23/2009 12/21/2009 09/30/2009 06/23/2009	12/23/2009 09/23/09 06/23/09 03/23/09	06/22/09	Date	
Less than \$1000.00		\$15,001 - \$50,000	\$50,001 - \$100,000	\$15,001 - \$50,000	\$1,001 - \$15,000	Amount of Transaction	

Name R. Parker Griffith, M.D.

Page 8 of 9

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.

· SCHEDULE V - LIABILITIES

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. Name R. Parker Griffith, M.D. Page 9 of 9

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First American Bank	Mortgage on: 101 Lowe Avenue, Huntsville, AL	\$1,000,001 - \$5,000,000
	Swanee L. Carver	Mortgage on: farmland-Highway 75 Albertville, AL	\$100,001 - \$250,000
	Aubrey Carr	Mortgage on: Carr Funeral Home 807 Sparks Avenue Boaz, AL 35956 **Paid off in 2009	\$250,001 - \$500,000