Yes No	nduct.	with the Committee on Standards of Official Conduct.	irst consulted	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
]	child because	nsactions, or liabilities of a spouse or dependent child because	" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities
not Yes No	d trusts" need r	ds of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standard ng you, your s	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?
QUESTIONS	OF THESE	RMATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
stion in this part must be answered and the schedule attached for each "Yes" response.	must be a ed for eac	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	N _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.
Yes No V	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N ₈	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.
Yes No	or before the d	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.	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.
Yes No V	d receive any in the reporting	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.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	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 No V	receive any regating more	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 _o	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 THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
A \$200 penaity shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late		Employee	House of Representatives Annual (May 17, 2010)
U.S. HUD. (Office Use Only)	US. HÖD	or Employing Office	Officer or	Filer Member of the U.S. State:
2010 MAY 25 PH 4: 46	20101	Daytime Telephone: 202-225-7919	Daytime T	Name: Albio SiRES
SISI ATIVE RESOURCE SLAVI	1.010.			
HAND of		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.

Figure Military pay (such as National Guard or Basarya pay) federal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Type Security Act. Am Examples: State of Maryland State of Maryland	Type Approved Teaching Fee Legislative Pension Snouse Speech	### Act. Amount \$6,000 \$9,000
New Jersey State Pension	Legislative Reusian	36,400
West New YORK BOARD OF Education	Spouse's Tension	NA

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

conduct. A green envelope for transmitting the list is included in each Meiliber's littly package.	s IIIII g package.		
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb. 2, 2009 Aug. 13, 2009	\$2,000 \$500
		:	

CONDED Phillip General Electric PFIZER	SP, Mega Corp. Stock DC, Examples: Simon & Schuster Ist Bank of Paducah, KY Accounts T) BANK	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 you or your spouse's child, parent, or sibling; any deptowates totalling \$5,000 or less in personal savings accounts; and 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.	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 asset 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).	BLOCK A
* * *	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$5,000,000	Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."	BLOCK B
* * *	X X A Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm 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 <i>including all IRAs</i> , 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 calendar year.	BLOCK C
K 7 34	* × × × × × × × × × × × × × × × × × × ×	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	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 D
	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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																				ம். லிய		BLOCK E Transaction

SCHEDULE IV TRANSACTIONS			Name	THU I	ADIO JIRS	2	25		_	Page (C	of 2	
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	Type of Transaction	<u> </u>	Date		>	Amount of Transaction	of	Frans	actic	ă	1	
resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, 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., "partial sale"). See example below.	CHASE	Box if Capital xceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or		. C)1-)1-	000 බ	000 #	,000	و 0,000),000 ㅈ
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.	SALE	Check	Bi-weekly, if applicable	\$1,001- \$15,000 \$15,001	\$50,000 \$50,001	\$100,00 \$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,	\$1,000, \$5,000,	\$5,000, \$25,000 \$25,000	\$50,000 Over	\$50,000
SP, DC, ปT Asset												
Example: Mega Copor	X	į	10-12-09		×							
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SCHEDULE V- LIABILITIES

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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. 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

						J D C	3	
					Example:			
	,				First Bank of Wilmington, Delaware	Creditor		
		NT	0/11		Mortgage on 123 Main St., Dover, Del.	Type of Liability		
						\$10,001- \$15,000	В	
						\$15,001- \$50,000	၁	
						\$50,001- \$100,000	D	
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						\$250,001- \$500,000	TI	ınt of
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						\$5,000,001- \$25,000,000	_	
						\$25,000,001 \$50,000,000	_	
						Over \$50,000,000	~	

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

	 		_	_	_
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		i	\$345	Value	

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

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 or were paid by you and reimbursed by the sponsor.

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? Food? (Y/N) (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	Z	Z	Z	None
Examples.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
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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,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Europo), and positions series of an inchestary mains.	Total C.
Position	Name of Organization
	//A
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SCHEDULE IX — AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. 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; continuing participation in an

Date	Parties To	Terms of Agreement
		N. C.
		V