

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

For use by Members, officers, and employees

MAY 17 2010

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STEPHEN JOSEPH SCALISE

(Full Name)

504-736-0946
(Daytime Telephone)

2010 MAY 24 PM 4:53
(Office Use Only)

Filer ☒ Member of the U.S. House of Representatives
State: LA District: 01

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

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 III - ASSETS AND "UNEARNED" INCOME

Name STEPHEN JOSEPH SCALISE

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>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.</p> <p>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.</p> <p>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.</p>	<p>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."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
AMCENT STRATEGIC ALLOC	None	DIVIDENDS	\$1 - \$200	S
CAPITAL ONE	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
CISCO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
FIDELITY ADV FREEDOM 2040	None	DIVIDENDS	\$1 - \$200	S
JH 500 INDEX FUND	None	DIVIDENDS	\$1 - \$200	S
JH ALL CAP VALUE FUND	None	DIVIDENDS	\$1 - \$200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JH AMERICAN CENTURY SMALL CO	None	DIVIDENDS	\$1 - \$200	S
JH DWS RREEF REAL ESTATE	None	DIVIDENDS	\$1 - \$200	S
JH ENERGY	None	DIVIDENDS	\$1 - \$200	S
JH FRANKLIN SMALL MID GROWTH	None	DIVIDENDS	\$1 - \$200	S
JH INTL SMALL CAP FUND	None	DIVIDENDS	\$1 - \$200	S
JH JENNISON GROWTH	None	DIVIDENDS	\$1 - \$200	S
JH LORD ABBETT MID CAP VALUE	None	DIVIDENDS	\$1 - \$200	S
JH PIMCO REAL RETURN FUND	None	DIVIDENDS	\$1 - \$200	S
JH PIMCO TOTAL RETURN FUND	None	DIVIDENDS	\$1 - \$200	S
JH T ROWE PRICE HEALTH SCI	None	DIVIDENDS	\$1 - \$200	S
JOHN HANCOCK 3YR COMPOUND GIA	None	INTEREST	\$1 - \$200	S
JOHN HANCOCK 10YR COMPOUND GIA	None	INTEREST	\$1 - \$200	S
MERRILL BANK USA	None	INTEREST	\$1 - \$200	S
ML ALLIANCE BERSTEIN LARGE CAP GROWTH	None	DIVIDENDS	\$1 - \$200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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ML BLACKROCK INTL FUND	None	DIVIDENDS	\$1 - \$200	S
ML BLACKROCK LARGE CAP FUND	None	DIVIDENDS	\$1 - \$200	S
ML BLACKROCK TOTAL RETURN FUND	None	DIVIDENDS	\$1 - \$200	S
ML BLACKROCK VALUE FUND	None	DIVIDENDS	\$1 - \$200	S
MUTUAL SAVINGS AND LOAN	None	None/INTEREST	\$1 - \$200	S
RUSSELL LIFEPOINTS EQGRO	None	DIVIDENDS	\$1 - \$200	S
STABLE ASSET FUND II	None	DIVIDENDS	\$1 - \$200	S
T ROWE PRICE BLUE CHIP GROWTH	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
T ROWE PRICE RETIRE 2030	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

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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	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	AMCENT STRATEGIC ALLOC	S	Yes	12-01-09	\$1,001 - \$15,000
	FIDELITY ADV FREEDOM 2040	S	Yes	12-02-09	\$1,001 - \$15,000
	JH 500 INDEX FUND	S	Yes	12-09-09	\$1,001 - \$15,000
	JH ALL CAP VALUE FUND	S	Yes	12-09-09	\$1,001 - \$15,000
	JH AMERICAN CENTURY SMALL CO	S	Yes	12-09-09	\$1,001 - \$15,000
	JH DWS RREEF REAL ESTATE	S	Yes	12-09-09	\$1,001 - \$15,000
	JH ENERGY	S	Yes	12-09-09-	\$1,001 - \$15,000
	JH FRANKLIN SMALL MID GROWTH	S	Yes	12-09-09	\$1,001 - \$15,000
	JH INTL MALL CAP FUND	S	Yes	12-09-09	\$1,001 - \$15,000
	JH JENNISON GROWTH	S	Yes	12-09-09	\$1,001 - \$15,000
	JH LORD ABBETT MID CAP VALUE	S	Yes	12-09-09	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

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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	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	JH PIMCO REAL RETURN	S	Yes	12-09-09	\$1,001 - \$15,000
	JH PIMCO TOTAL RETURN	S	Yes	12-09-09	\$1,001 - \$15,000
	JH T ROWE PRICE HEALTH SCI	S	Yes	12-09-09	\$1,001 - \$15,000
	JOHN HANCOCK 10YR COMPOUND GIA	S	Yes	12-09-09	\$1,001 - \$15,000
	JOHN HANCOCK 3YR COMPOUND GIA	S	Yes	12-09-09	\$1,001 - \$15,000
	MERRILL BANK USA	S	Yes	12-14-09	\$1,001 - \$15,000
	ML ALLIANCE BERSTEIN LARGE CAP GROWTH	S	Yes	12-14-09	\$1,001 - \$15,000
	ML BLACKROCK INTL FUND	S	Yes	12-14-09	\$1,001 - \$15,000
	ML BLACKROCK LARGE CAP FUND	S	Yes	12-14-09	\$1,001 - \$15,000
	ML BLACKROCK TOTAL RETURN FUND	S	Yes	12-14-09	\$1,001 - \$15,000
	ML BLACKROCK VALUE FUND	S	Yes	12-14-09	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

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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	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	MUTUAL SAVINGS AND LOAN	S	Yes	01-07-09	\$100,001 - \$250,000
	RUSSELL LIFEPOINTS EQGRO	S	Yes	04-09-09	\$1,001 - \$15,000
	STABLE ASSET FUND II	S	Yes	04-09-09	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	GUARANTY SAVINGS BANK	PERSONAL LOAN	\$15,001 - \$50,000

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
AMERICAN ISRAEL EDUCATION FOUNDATION	AUG. 1-9	DC-ISRAEL-DC	Y	Y	N	NONE

SCHEDULE VIII - POSITIONS

Name STEPHEN JOSEPH SCALISE

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
DIRECTOR	AMERICAN ITALIAN RENNAISSANCE FOUNDATION
DIRECTOR	JEFFERSON SENIOR CENTER