	No K	nild Yes	income, transactions, or liabilities of a spouse or dependent child yes" unless you have first consulted with the Committee on	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent 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.
		ted Yes lent Yes	ttee on Standards of Official Conduct and certain other "excepted t details of such a trust benefiting you, your spouse, or dependent	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?
		STIONS	TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORM.
	appropriate	and the a	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more Yes V No
			If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	Yes No 🗸		Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No 🗸
			If yes, complete and attach Schedule VIII.	
	Yes No		Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	III. more than \$200 in the reporting period or hold any reportable asset worth Yes No
			If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
	Yes No 🗸		Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period? Yes No
			If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	Yes No 🗸	ft in the	Did you, your spouse, or a dependent child receive any reportable gift in the VI. reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes V No
			QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE (
		late.		Type ✓ Annual (May 15) ☐ Amendment ☐ Termination
	more than 30 days	more than 30 day	Termination Date:	Report
	be assessed against	be asses	Employee	Status House of Representatives District: 02
9	A \$200 penalty shall	A \$200 p	Employing Office:	Member of the U.S. State: IN
	U.\$Office: Use: Only)	U.SOMINE	(Daytime Telephone)	(Full Name)
77 C	ZUIOTAY 1 / PM 2: 51	ZU1017	574-288-2780	Joseph S. Donnelly
•	DELIVERED		FORM A Page 1 of 5 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
	ANU	I		

SCHEDULE I - EARNED INCOME

Name Joseph S. Donnelly

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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
Univ. Of Notre Dame	Spouse Salary	N/A

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Joseph S. Donnelly	Donnelly		Page 3 of 5
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASSE Identify (a) ear a fair market v and (b) any ot than \$200 in "fand, provide mutual funds retirement pla in which you I investments), in the account that are not se its value at the not publicly tr activities, and information, s Exclude: Your debt owed to parent or sibil savings account for some transparent or sibil savings account of your set that of your set the optional c	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 fand, 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.
SP	Fidelity IRA, Dividend Growth	\$50,001 - \$100,000	DIVIDENDS/INTE REST	NONE	
	Fidelity IRA, Money Market Fund	\$1 - \$1,000	INTEREST	NONE	
JT	IBM Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Manulife Financial	\$1,001 - \$15,000 DIVIDEN	DIVIDENDS	\$1 - \$200	
SP	Notre Dame Credit Union IRA, Money Market Fund	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Notre Dame Credit Union IRA, Money Market Fund	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	

SCHEDULE
=
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- ASSETS A
Z
"UNEAR!
VED"
INCOM

٦ SP Notre Dame Credit Union TIAA-CREF IRA Account, Growth & Income Fund Savings Account \$1,001 - \$15,000 INTEREST m \$50,001 *-*\$100,000 Name Joseph S. Donnelly DIVIDENDS/INTE REST \$1 - \$200 NONE Page 4 of 5

SCHEDULE V - LIABILITIES

Name Joseph S. Donnelly

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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.

cards) on	cards) only it the balance at the close of the preceding calendar year exceeded \$10,000.	:aea \$10,000.	
SP, DC,			
JT	Creditor	Type of Liability	Amount of Liability
77	Bank of America	Credit Card Payment	\$10,001 - \$15,000
	Notre Dame Credit Union	Personal Loan	\$15,001 - \$50,000

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