Yes No No	t child because induct.	ssactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, tran irst consulted v	EXEMPTION—Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child 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 No	d trusts" need not	is of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standards ng you, your si	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 (MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
"Yes" response.	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No X	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 X	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	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.
No No	or before the date	VIII. Did you hold any reportable positions on or before the date of filling in the current calendar year? If yes, complete and attach Schedule VIII.	<u>8</u>	III. Did you, your spouse, or a dependent child receive "unearmed" 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	d receive any in the reporting e)?	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.	א No No	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	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 S	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 X
		EACH OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	e Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: Status House of Representatives District: Type Annual (May 17, 2010)
2010 JUL 28 PH 4: 22	MC (Daytime Telephone: 〜 ろっつ1	Daytime T	Name: Legolore E. Dewich
HAND 1 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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	Page 2 of 6

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.

Exclude: Military nay (such as National Guard or Reserve nay), 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 Am Keene State State of Maryland Spouse Speech Spouse Speech Spouse Speech Spouse Speech State Civil War Roundtable (Oct. 2nd) Spouse Speech State State Speech Spouse Spous	Type Approved Teaching Fee Legislative Pension Spouse Speech	## Amount \$6,000 \$1,000
Broad and Cassel, Boxs Raton, FL	Salary	\$294,508
Steve of FL, Talla hasses FL (prior to House employment)	Salary	\$31, 254
Hillel of Broward + Palm Beach, Boxa Roser	Spouse Salary	NA
		-

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

IT Washovia Bank Ages	Dissen Stock	57 Phier Stock	IT Home Deast Stock	Jr Walmert Stock	JT Apple Computer Stock		Examples:	SP Mega Corp. Stock	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 deposits 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.	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental properly 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).
×	*	×	*	***	*	×	Indefinite	×	None	BLOCK B 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."
						×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 it reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
						×	X	X	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 <	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 IHAs, 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.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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

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Continuation Check (in hecease)			-			
BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	a °	BLOCK D Amount of Income	BLOCK E Transaction
	A B C D E F	G H I J K F				
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SCHEDULE IV-TRANSACTIONS

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SCHEDULE IV TRANSACTIONS															
Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real proportions that accorded at non-holded transactions that	Type of Transaction	Type ansac	on		Date			Am	Amount of		ran	Transaction	9		
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (i.e., "partial sale"). See example below.	HASE		ANGE	Box if Capital ceeded \$200	(MO/DAY/YR) or Ouarterly, Monthly, or			0 0		1- 0 ។ ា		001- 000 =	,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.	PURC	SALE	EXCH	Check Gain E	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, JT Asset		-												_	
Example: Mega Copor		×			10-12-09		×							L	
JT Dell Inc. Stock		×				X						-			
JT Google Stock		×				X				3					
JT GE Stock		×		Administration of the second s		×									
JT Target Stock		X		**************************************		X							ļ		
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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,

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

Lational, and positions acress or an individual individual	OINDER TELEVICE
Position	Name of Organization
of Course	Broad + Cassel Baca Raton, FL
	(proof to house employment)
State Constan	State of Florida
Control of the Contro	(prior to house temployment)
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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

7.7		
Date	Parties To	Terms of Agreement
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