

UNITED STATES HOUSE OF REPRESENTATIVES TERMINATION FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 5

MAR 02 2011

LEGISLATIVE RESOURCE CENTER

George William (Bill) Foster

630-326-9417

2011 MAR 10 PM 1:51

(Full Name)

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: IL District: 14	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Termination Date: 1/3/2011 Termination Type: <input type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Termination			

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input 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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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"/>

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SCHEDULE I - EARNED INCOME

Name George William (Bill) Foster

Page 2 of 5

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	Type	Amount
Brookhaven National Laboratory	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George William (Bill) Foster

Page 3 of 5

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>					
JT	Promissary note for payments over time arising from sale of interest in Electronics Theatre Controls, Inc (ETC)	\$5,000,001 - \$25,000,000	None	NONE	
	Promissary note for payments over time arising from sale of interest in ETC Holdings	\$250,001 - \$500,000	Other: Payment Over Time	\$100,001 - \$1,000,000	
	HSBC Bank Savings Account	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Harris Bank Batavia (savings, checking, and money market accounts)	\$250,001 - \$500,000	INTEREST	\$2,501 - \$5,000	
JT	Congressional Federal Credit Union (savings and checking)	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George William (Bill) Foster

Page 4 of 5

SP	Northwestern Mutual Insured Bank Deposit IRA	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Thrift Savings Plan G Fund	\$50,001 - \$100,000	None	NONE	
	TIAA Traditional Retirement Annuity	\$250,001 - \$500,000	None	NONE	
	CREF Stock Fund	\$250,001 - \$500,000	None	NONE	
SP	Teachers Federal Credit Union (savings, money market and checking)	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	
SP	TIAA Traditional Retirement Annuity	\$100,001 - \$250,000	None	NONE	
SP	TIAA Real Estate	\$15,001 - \$50,000	None	NONE	
SP	CREF Stock	\$100,001 - \$250,000	None	NONE	
SP	CREF Inflation-Linked Bond	\$15,001 - \$50,000	None	NONE	
SP	Fidelity Contrafund	\$100,001 - \$250,000	None	NONE	
SP	Fidelity Magellan	\$15,001 - \$50,000	None	NONE	
SP	Fidelity Intermed Bond	\$15,001 - \$50,000	None	NONE	
SP	Thrift Savings Plan G Fund	\$100,001 - \$250,000	None	NONE	
SP	Thrivent Large Cap Stock Fund - A	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George William (Bill) Foster

Page 5 of 5

SP	Thrivent Money Market Fund - A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Thrivent Partner International Stock Fund - A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Thrivent Mid Cap Stock Fund -A	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	HSBC Savings	\$1 - \$1,000	None	NONE	