

DAVID LOEBSACK
2ND DISTRICT, IOWA

COMMITTEES:
ARMED SERVICES
SUBCOMMITTEES:
MILITARY PERSONNEL
READINESS

EDUCATION AND LABOR
SUBCOMMITTEES:
HEALTH, EMPLOYMENT, LABOR,
AND PENSIONS
EARLY CHILDHOOD, ELEMENTARY
AND SECONDARY EDUCATION

Congress of the United States
House of Representatives
Washington, DC 20515-1502

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WASHINGTON, DC 20515
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CEDAR RAPIDS, IA 52401
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1 (866) 914-IOWA

June 23, 2010

The Clerk, Lorraine Miller
U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

The Honorable Lorraine Miller,

Attached you will find my amended 2009 Financial Disclosure Statement. I have made the following changes to Schedule III:

Vanguard VBS Stock Holdings has been added and three individual stocks have been removed. Those stocks; AT&T Inc., Baxter International Inc. and Navistar International Corp NE, are included within Vanguard VBS Stock Holdings.

I have also made the following change to Schedule IV:

TIAA Real Estate did NOT have Capital Gains in Excess of \$200.

If you have any further questions please contact my Office Manager, Heidi Hotopp, at 202-225-6576.

Sincerely,



Dave Loeb sack
U.S. House of Representatives

**HAND
DELIVERED**

MC

2010 JUN 24 AM 10:41

LEGISLATIVE RESOURCE CENTER

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

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David Wayne Loeback

(Full Name)

202-225-6576

(Daytime Telephone)

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IA District: 02	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

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 checked="" type="checkbox"/> No <input 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"/>

SCHEDULE I - EARNED INCOME

Name David Wayne Loeb sack

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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	Type	Amount
Iowa Public Employees Retirement Pension	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Wayne Loebsock

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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 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.

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.

BLOCK B

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."

BLOCK C

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 if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.

BLOCK D

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 E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

CREF Bond Market	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	P
CREF Equity Index	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
CREF Global Equities	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	
CREF Growth	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	P
CREF Money Market	\$1,001 - \$15,000	Capital Gains	\$1 - \$200	
CREF Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Wayne Loebsock

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	TC Lifecycle Fund 2020	\$100,001 - \$250,000	CAPITAL GAINS	\$2,501 - \$5,000	P
	TC Lifecycle Fund 2025	\$1,001 - \$15,000	CAPITAL GAINS	\$1,001 - \$2,500	
	TIAA - Traditional	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	TIAA Real estate	\$1,001 - \$15,000	Capital Losses	NONE	S(part)
SP	Vangaurd VBS Stock Holdings	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Extended Market Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Intermediate Term Bond Index	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Vanguard Long Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Prime Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Short Term Investment Grade Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

Name David Wayne Loeb sack

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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
	CREF Bond Market	P	N/A	Various	\$1,001 - \$15,000
	CREF Growth	P	N/A	Various	\$15,001 - \$50,000
	TC Lifecycle Fund 2020	P	N/A	Various	\$100,001 - \$250,000
	TIAA Real Estate	S	No	Various	\$100,001 - \$250,000