

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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Sander M. Levin

202-225-4961

2009 MAY 14 PM 5:40

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives State: MI District: 12

☐ Officer Or Employee Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type ☒ Annual (May 15)

☐ Amendment

☐ 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 \$135 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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

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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
Victoria Levin, National Institute of Health	Spouse Salary	\$33,682.11

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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 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>
	1/2 interest in 78 acres, Tyrone Township, Michigan	\$259,000	N/A	NONE	
JT	1/6 interest in 18 acres, Tyrone Township, Michigan	\$23,167	N/A	NONE	
	1/9 undivided interest in Levinson-Levin Properties, L.L.C., commercial real estate, West Maple, Birmingham, Michigan	\$105,315	RENT	\$5,001 - \$15,000	
	1/9 undivided interested in Levinson-Levin Properties, L.L.C., commercial real estate, West Maple, Birmingham, Michigan	\$212,000	Rent	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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5.3% interest in LRS Co., a general partnership owning real estate in Romulus and Pontiac Townships, Michigan and accounts receivable

\$1,001 - \$15,000	N/A	NONE
\$15,001 - \$50,000	Royalties	\$5,001 - \$15,000

5.3% interest in Michigan mineral rights previously held by LNS Co., a general partnership now liquidated (see attached)

SP	CMA Account: American Capital Income Builder CL C	None	DIVIDENDS/CAPITAL GAINS	\$2,139.39	S
SP	CMA Account: American Income Fund of America CL C	None	DIVIDENDS/CAPITAL GAINS	\$1,236.33	S
SP	CMA Account: American Mutual Fund Class C	None	DIVIDENDS/CAPITAL GAINS	\$70.09	S
SP	CMA Account: American Tax Exempt Fund of Maryland CL C	None	DIVIDENDS	\$75.98	S
JT	House, Lot 4, West Tisbury, Mass.	\$1,200,900	RENT	\$15,001 - \$50,000	
SP	IRA: American Bond Fund of America CL C	\$5,061.70	DIVIDENDS/CAPITAL GAINS	\$343.30	
SP	IRA: American Capital Income Builder CL C	\$5,411.10	DIVIDENDS/CAPITAL GAINS	\$394.33	
SP	IRA: American Income Fund of America CL C	\$4,862.64	DIVIDENDS/CAPITAL GAINS	\$321.03	
	IRRA: American Bond Fund of America CL C	\$15,994.06	DIVIDENDS/CAPITAL GAINS	\$1,083.68	
	IRRA: American Capital Income Builder CL C	\$17,475.78	DIVIDENDS/CAPITAL GAINS	\$1,080.83	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	IRRA: American Income Fund of America CL C	\$14,015.40	DIVIDENDS/CAPITAL GAINS	\$926.47	
JT	Loan: Clark and Bonnie Barnes, Victoria Rd., Tyrone Township, Livingston Co., Michigan	\$1,001 - \$15,000	N/A	NONE	
JT	Martha's Vineyard Cooperative Bank	\$1,001 - \$15,000	INTEREST	\$2	
SP	ML Bank Deposit Program	\$79	INTEREST	\$19.43	
	Wachovia Bank	\$1,001 - \$15,000	INTEREST	NONE	
	Wright Patman Federal Credit Union	\$15,001 - \$50,000	None	\$33	

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	Date	Amount of Transaction
SP	American Tax Exempt Fund of Maryland CL C	S	04-11-08	\$5,000
SP	American Tax Exempt Fund of Maryland CL C	S	10-06-08	\$22,589.47
SP	American Income Fund of America CI C	S	04-11-08	\$7,499.99
SP	American Income Fund of America CL C	S	10-06-08	\$15,232.27
SP	American Capital Income Builder CL C	S	04-11-08	\$7,500.01
SP	American Capitol Income Builder CL C	S	10-06-08	\$14,850.96
SP	American Mutual Fund Class C	S	10-06-08	\$4,711.47

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
JT	Countrywide Home Loans	Mortgage, West Tisbury, Mass.	\$250,001 - \$500,000
JT	E-Trade	Mortgage, West Tisbury, Mass.	\$100,001 - \$250,000

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
Harvard University	April 28- 29, 2009	Washington, DC-Boston, Mass.-Washington, DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

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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
Partner	LRS Company
Member	Levinson-Levin Properties, L. L. C.