

**HAND
DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 0 of 0
For use by Members, officers, and employees

Cathy McMorris Rodgers
(Full Name)

202-225-2006
(Daytime Telephone)

2010 JUN -4 PM 4:09
OFFICE USE ONLY

| | | | | | |
|---------------------|---|---|--|-------------------|--|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: WA District: 05 | <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? | Yes <input type="checkbox"/> No <input checked="" 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)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, complete and attach Schedule I. | | If yes, complete and attach Schedule VI. | |
| 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did your spouse, or a dependent child receive any reportable travel or reimbursement for travel in the reporting period (worth more than \$335 from one source)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, complete and attach Schedule II. | | If yes, complete and attach Schedule VII. | |
| 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? | 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, complete and attach Schedule III. | | If yes, complete and attach Schedule VIII. | |
| 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? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, complete and attach Schedule IV. | | If yes, complete and attach Schedule IX. | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | 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. | |
| If yes, complete and attach Schedule V. | | | |

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 VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Cathy McMorris Rodgers

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 |
|---|-----------------------|--|-------------------|----------------|---|-------------------------------------|
| American Israel Education Foundation | August 1- 9, 2009 | DC-Tel Aviv-DC | Y | Y | Y | None |
| The Heritage Foundation | February 5-7, 2009 | Washington, DC - Baltimore - Washington, DC | Y | Y | Y | None |