	Yes No 🗸		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.	ets, "unearned" Do not answer	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liebecause they meet all three tests for exemption? Do not answer "yes" unless you have first Standards of Official Conduct.	
_	Yes No V		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?	/ed by the Comn	Trusts- Details regarding "Qualified Blind Trusts" approverses trusts" need not be disclosed. Have you exclude child?	i
1	NS	STION	MATION ANSWER EACH OF THESE QUESTIONS	ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	ш
_			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	he appropriate	d and th	Each question	Yes No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	<
			If yes, complete and attach Schedule IX.	 	If yes, complete and attach Schedule IV.	
	Yes No	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	, your spouse, or dependent child purchase, sell, or exchange any ole asset in a transaction exceeding \$1,000 during the reporting	7
1		:		Yes No	more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	
<del></del>	< P	ling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?		İ	
17		! i	If yes, complete and attach Schedule VII.	!	If yes, complete and attach Schedule II.	
	or Yes 🗸 No 🗌	bie travel o han \$335	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	=
<del></del>			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	Yes 🗌 No 🗸	ห่e gift in therwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes V No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	-
				OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	╏╼╗
		late.	nation	☐ Termination	Type Annual (May 15) Amendment	
	more than 30 days	more	Termination Date:		Report	
8	A \$200 penalty shall be assessed against anyone who files	A \$20 be ass	Officer Or Employing Office: Employee	·	Filer  Member of the U.S. State: SC  Status  Member of Representatives  District: 06	
<b>.</b>	U.S. KOUTICE USE OPRY)	u.s. ¥ou	(Daytime Telephone)		(Full Name)	
34	2010 MAY   4 PM 4: 34	20101	803-799-1100		James E. Clyburn	
	LEGISI MINE RESOURCE OLAT	SPS		SEX.	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	T
	DELIVERED	DE	FORM A  Page 1 of 6  For use by Members, officers, and employees	FATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	
	HAND	<b>)</b>				



## SCHEDULE I - EARNED INCOME

Name James E. Clyburn

Page 2 of 6

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	Туре	Amount
South Carolina Retirement System (This income is not subject to the outside	Retirement from the State of South Carolina	\$52,282
U.S. Department of Veterans Affairs	Retirement Income	N/A

SCHEDU	
בטטבב ווו	
- ASSEIS	
כ	
Ž	
. INCOM	

SP debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any in the optional column on the far left. 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), Government retirement programs. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, Identify (a) each asset held for investment or production of income with information, see the instruction booklet. that is not publicly traded, state the name of the business, the nature of in which you have the power, even if not exercised, to select the specific nvestments), provide the value and income information on each asset Asset and/or Income Source Investment Entrepreneurs, LLC Bank of America Bank of America Business Plaza Conway, SC Bank of America Automated Data Processing 645-47 W. Liberty Street (10% Investment) Commerce Sumter, SC (50% ownership) \$100,001 -\$250,000 \$50,000 \$15,001. \$15,000 \$1,001 -\$100,000 \$50,001 -\$15,001 -\$50,000 \$15,000 \$1,001 at close of reporting the value should be asset was sold and is the method used. If an value, please specify other than fair market year. If you use a t is generated income valuation method ncluded only because Value of Asset Year-End Name James E. Clyburn **BLOCK B** RENT None Check all columns that Only DIVIDENDS DIVIDENDS during the calendar year not generate any income even if reinvested, should Dividends and Interest, appropriate box below. other assets including all may write "NA". For all specific investments, you apply. For retirement IRA/Other: Cash INTEREST Check "None" if asset did be listed as income. income by checking the IRAs, indicate the type of not allow you to choose plans or accounts that do Type of Income BLOCK C NONE \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$1 - \$200 \$2,501 - \$5,000 earned or generated. of income by checking the accounts that do not allow Dividends and interest, even appropriate box below. IRAs, indicate the category other assets, including all "NA" for income. For all you to choose specific For retirement plans or "None" if no income was listed as income. Check if reinvested, should be investments, you may write **Amount of Income** \$1,000 in exceeding exchanges (E) reporting year. (P), sales (S), or Indicate if asset Transaction nad purchases BLOCK E Page 3 of 6

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name James E. Clyburn	s E. Clyburn		Page 4 of 6
	Merrill Lynch, Columbia, SC	\$15,001 - \$50,000	IRA (please see attachment)	NONE	
	SCANA Corporation	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	<u> </u>
\ \ \	South Carolina State Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	     
)	Wright Patman Congressional Federal Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	

.

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn

Page 5 of 6

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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, 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 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 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	9? Food? ) (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Foundation of Education and Economic Development	Jan 29-30	DC-Jackson, MS-DC	<b>Y</b>	\ 	<b>Z</b>	None
Maritime Trades Department, AFL-CIO	Feb 26-27	DC-Miami, FL-Charlotte, NC	<b>≺</b>	<b>≺</b>	<b>Z</b>	None
Pharmaceutical Research and Manufacturers of America	April 4	Dulles-San Antonio, TX-Dulles	<b>Z</b>	≺	<b>Z</b>	None
Mount Moriah Missionary Baptist Church	June 13-14	DC-Orlando, FL-DC	<b>≺</b>	<b>~</b>	<b>Z</b>	None
McDonalds USA	July 2-3	Charlotte, NC-New Orleans, LA-Charlotte, NC		<b>≺</b>	<b>Z</b>	None
Congressional Black Caucus Political Education and Leadership Institute	Aug 13-16	Columbia, SC-Memphis, TN- Columbia, SC	<b>≺</b>	<b>Z</b>	<b>~</b>	None
ACP	Sept 27-28	DC-Saginaw, MI-DC	~	~	Z	None

## SCHEDULE VIII - POSITIONS

Name James E. Clyburn

Page 6 of 6

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
Board Member Allen University	sity
Trustee Brookgreen Gardens	Gardens
Board Member CBC Politic	CBC Political Education & Leadership Institute
Board Member Palmetto C	Palmetto Conservation Fund