

DANNY K. DAVIS

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Congress of the United States

House of Representatives

Washington, DC 20515-1307

2010 FEB 25 11:09:00

HAND DELIVER

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEES:
OVERSIGHT

INCOME SECURITY AND FAMILY SUPPORT

COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM

SUBCOMMITTEES:
FEDERAL WORKFORCE, POSTAL SERVICE
AND THE DISTRICT OF COLUMBIA

INFORMATION POLICY, CENSUS,
AND NATIONAL ARCHIVES

February 24, 2010

Honorable Zoe Lofgren
Chairwoman, Committee
On Standards of Official
Conduct
HT-2, the Capitol
Washington, DC 20515-6328

MC

Dear Chairwoman Lofgren:

Upon review of my records, I have determined that the CBCF did not sponsor a trip for me to Miami Florida on May 21, 2008.

As a matter of fact, I did not travel to Miami Florida on May 21, 2008. I was present in the House of Representatives and voted on both days, May 21, 2008 and May 22, 2008.

I made a mistake on my 2008 Financial Statement and have amended my submission.

Sincerely,

Danny K. Davis

Danny K. Davis
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

DANNY K DAVIS
(Full Name)

202 225 5096
(Daytime Telephone)

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IL District: 07	<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 checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

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 \$305 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 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 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SCHEDULE I - EARNED INCOMEName **DANNY K DAVIS**

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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
STATE OF ILLINOIS	SPOUSE PENSION	\$38,001.35
SOCIAL SECURITY	SPOUSE SOCIAL SECURITY	\$2,005.40
SOCIAL SECURITY	MEMBER'S SOCIAL SECURITY	\$22,282.40
VALIC WITHDRAWAL	SPOUSE	\$10,000
UNION INSTITUTE GRADUATE SCHOOL	DISSERTATION REVIEW	\$600
HOWARD UNIVERSITY	DISSERTATION REVIEW	\$600

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DANNY K DAVIS

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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. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)</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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	A.I.G VALIC ANNUITY	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	A.I.G VALIC ANNUITY	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
JT	AUSTIN BANK	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	BANK ONE	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	CHASE BANK	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	COMMUNITY BANK OF LAWRENDALE	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DANNY K DAVIS

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JT	COVENANT BANK SHARES	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	EQUITABLE	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	KNIGHT INS. STOCK	\$15,001 - \$50,000	None	NONE	
SP	LEGENT CONS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	NICOR GAS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	PEGASUS FUND	\$1 - \$1,000	DIVIDENDS	NONE	
SP	SECURITIES INCOME	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	SOUTHSIDE CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	UNITED CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name DANNY K DAVIS

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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 \$305 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 CORRECTIONAL ASSOC	1/13/08- 1/14/08	CHICAGO-SAN ANTONIO - CHICAGO	Y	Y	N	NONE
INTERNAT'L MANAGEMENT INSTITUTE	2/16/08- 2/22/08	CHICAGO-DRESEN GERMANY-CHICAGO	Y	Y	Y	NONE
OMAR MEDICAL SUPPLIES	4/5/08- 4/7/08	CHICAGO-BEIJING CHINA- CHICAGO	Y	Y	Y	NONE
FRIEDRICH EBERT FOUNDATION	5/27/08- 5/30/08	CHICAGO-BERLIN GERMANY-CHICAGO	Y	Y	Y	NONE
NAT'L BAR ASSOC	5/27/08- 5/27/08	CHICAGO-HOUSTON TX- CHICAGO	N	Y	N	NONE
NAT'L RURAL LETTER CARRIER	8/4/08- 8/5/08	CHICAGO-LEXTIONGTON KENTUCKY-CHICAGO	Y	Y	N	NONE
PACS	8/14/08-8- 14/08	CHICAGO-DALAS TX- CHICAGO	N	N	N	NONE
NAT'L POSTAL MAILHANDLERS UNION	8/12/08- 8/12/08	CHICAGO-ORLANDO FL- CHICAGO	N	N	N	NONE
AMERICAN POSTALWORKERS UNION	8/17/08- 8/18/08	CHICAGO-LAS VEGAS- CHICAGO	Y	Y	N	NONE
CBCI	10/13/08- 10/13/08	CHICAGO-MINNESOTA- CHICAGO	N	N	N	NONE

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name **DANNY K DAVIS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 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
WILLIAMS COLLEGE	11/17/08- 11/18/08	WASHINGTON DC-ALBANY- WASHINGTON DC	Y	Y	Y	NONE

SCHEDULE VIII - POSITIONS

Name **DANNY K DAVIS**

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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
BOARD MEMBER	CONGRESSIONAL BLACK CAUCUS FOUNDATION
BOARD MEMBER	STREETWISE NEWSPAPER
BOARD MEMBER	EASTWEST UNIVERSITY
ADVISORY BOARD	PREVENTION PARTNERSHIP