

KEITH ELLISON  
5TH DISTRICT, MINNESOTA

1130 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-4755  
FAX: (202) 225-4886

2100 PLYMOUTH AVENUE NORTH  
MINNEAPOLIS, MN 55411  
(612) 522-1212  
FAX: (612) 522-9915

ellison.house.gov



**HAND  
DELIVERED**

CONGRESS OF THE UNITED STATES  
HOUSE OF REPRESENTATIVES

FINANCIAL SERVICES COMMITTEE  
SUBCOMMITTEE ON FINANCIAL INSTITUTIONS  
AND CONSUMER CREDIT  
SUBCOMMITTEE ON HOUSING AND  
COMMUNITY OPPORTUNITY  
SUBCOMMITTEE ON DOMESTIC AND  
INTERNATIONAL MONETARY POLICY,  
TRADE, AND TECHNOLOGY

JUDICIARY COMMITTEE  
SUBCOMMITTEE ON CONSTITUTION, CIVIL  
RIGHTS, AND CIVIL LIBERTIES  
SUBCOMMITTEE ON IMMIGRATION, CITIZENSHIP,  
REFUGEES, BORDER SECURITY, AND  
INTERNATIONAL LAW

Wednesday, June 23, 2010

Lorraine C. Miller  
Clerk of the U.S. House of Representatives  
Office of the Clerk  
U.S. Capitol, Room H-154  
Washington, D.C. 20515

Dear Ms. Miller:

I am writing to amend the annual Financial Disclosure Statement I filed on May 13, 2010. Based on the guidance of the House Committee on Standards of Official Conduct, I am making corrections to Schedule III of my *Financial Disclosure Statement*.

Please do not hesitate to contact me or any member of my staff at (202) 225 – 4755 with any questions or concerns.

Sincerely,

Keith M. Ellison  
MEMBER OF CONGRESS

2010 JUN 23 PM 4:25  
ACTIVE RESOURCE CENTER  
✓  
KC

**HAND  
DELIVERED**

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

**FORM A**

For use by Members, officers, and employees

Keith M Ellison  
(Full Name)

202-225-4755  
(Daytime Telephone)

2010 JUN 23 PM 4:25

U.S. House of Representatives  
(Office Use Only)

**Filer Status** ☒ Member of the U.S. House of Representatives

State: MN District: 5

☐ Officer or Employee

Employing Office:

**Report Type** ☐ Annual (May 15)

☒ Amendment

☐ Termination

Termination Date:

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

**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 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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.			
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 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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.			
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.			
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.			
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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.	
If yes, complete and attach Schedule V.			

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b> 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"/>
<b>Exemptions--</b> 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 Keith M Ellison

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
Community Action Partnership	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Keith M Ellison

BLOCK A Asset and/or Income Source <small>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.</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <small>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.</small>	BLOCK D Amount of Income <small>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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
Hartford Advisers Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Dividend & Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Hartford Int'l Opportunities Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Hartford Mid Cap Value Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Small Company fund	\$1 - \$1,000	DIVIDENDS	NONE	
Hartford Stock Fund	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Keith M Ellison		
Hartford US Gov't Securities Fund	\$1 - \$1,000	DIVIDENDS \$1 - \$200

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# SCHEDULE IV - TRANSACTIONS

Name Keith M Ellison

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
	Hartford Stock Fund	S	Yes	10-02-09	\$1,001 - \$15,000

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Keith M. Ellison

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
Center for Strategic and International Studies App	8/8-8/14	Juba - Nairobi - Kisumu - Nairobi - Dadaab - Nairobi - Minneapolis	Y	Y	Y	None

CABLE USA

\$13,120 SP