

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

Theodore E. Rokita

(Full Name)

202-225-5037

(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representative

State: IN District: CD4

☐ 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.		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 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or a 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 Ethics 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 Ethics.	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
State of Indiana	Salary (prior to becoming Member)	\$78,290
Somerset CPA's P.C.	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source 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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset 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."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT Rental House - 54th Street Indianapolis, IN	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
Rental Condo - Mass Ave Indianapolis, IN	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
SP Rental Townhouse Indianapolis, IN	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
SP Fifth Third Bank Savings	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP Fifth Third Bank Stock	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
State of Indiana PERF	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	UBS IRA - Cash Alternatives Fund	\$1 - \$1,000	None	NONE	
SP	UBS IRA - Fixed Income Fund	\$15,001 - \$50,000	None	NONE	
SP	UBS IRA - Equities Fund	\$15,001 - \$50,000	None	NONE	
SP	UBS IRA - Alternative Strategies Fund	\$1,001 - \$15,000	None	NONE	
SP	PNC Mid Cap Value Fund (formerly Allegiant)	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Columbia Small Cap Value II A	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Pimco Total Return A	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
SP	Royce Value Plus SVC	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Russell Real Estate Securities	\$1,001 - \$15,000	DIVIDENDS/RENT	\$1 - \$200	
SP	Turner Mid Cap Growth Inv	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
	Indiana Fund 2035 State of Indiana 457 Plan	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
	Indiana Fund 2035 State of Indiana 401(a) Plan	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
	Indiana Stable Value Fund State of Indiana 457 Plan	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
	Indiana Stable Value Fund State of Indiana 401(a) Plan	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BP PLC Spons ADR	\$1,001 - \$15,000	DIVIDENDS/INTE REST	NONE	P
Dell Inc	\$1,001 - \$15,000	DIVIDENDS/INTE REST	NONE	
Dow Chemical	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Pace Oil and Gas LTD	\$1 - \$1,000	DIVIDENDS/INTE REST	NONE	
Peabody Energy Corp	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Provident Energy TR	\$1 - \$1,000	DIVIDENDS/INTE REST	\$1 - \$200	
Calamos Conv GR	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Columbia Acorn Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Growth Fund America	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Davis New York Venture Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Pioneer SER TR I	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Nationwide Americas Marketflex	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
First Eagle Global	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
Wells Fargo Sweep Account	\$1,001 - \$15,000	INTEREST	NONE	

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	Capital Gain (in Excess of \$200?	Date	Amount of Transaction
	BP PLC Spons ADR	P	N/A	6-10-10	\$1,001 - \$15,000

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	Date Liability Incurred	Type of Liability	Amount of Liability
JT	GMAC	Feb 2010	Mortgage on 54th St. Rental House	\$50,001 - \$100,000
	Fifth Third Bank	2002	Mortgage on Mass Ave Rental Condo	\$50,001 - \$100,000
SP	Chase Bank	Nov 2003	Mortgage on Indy Rental Townhouse	\$100,001 - \$250,000
SP	National City/PNC Bank	Nov 2003	Equity Line on Rental Townhouse	\$15,001 - \$50,000
	Citibank	2002	Revolving Charge Account	\$10,001 - \$15,000

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
Board Member	St Vincent Hospital Foundation Board
Board Member	St Joseph College Board of Trustees