

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

Mike Thompson
(Full Name)

202-225-3311
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives
State: CA District: 01

☐ Officer Or Employee
Employing Office: Rep. Mike Thompson

Report Type: ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

NO HAND DELIVERED

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 \$335 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 reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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? 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 Mike Thompson

Page 2 of 7

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
St. Helena Hospital	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mike Thompson

Page 3 of 7

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. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including 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.</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, 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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	20% Interest, Travis Webb (General Partnership) 1590 Webster, Fairfield, CA	\$100,001 - \$250,000	RENT/INTEREST	\$5,001 - \$15,000	
JT	Adventist Health Care Retirement Plan	\$15,001 - \$50,000	NONE	NONE	
JT	Bank of America	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Caterpillar Inc.	None	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	S
JT	Coca Cola	None	DIVIDENDS	\$1 - \$200	S
JT	Edward Jones Money Market	None	INTEREST	\$1 - \$200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mike Thompson

Page 4 of 7

JT	Federated American Leaders	None	DIVIDENDS	\$1 - \$200	S
JT	GlaxoSmithKline PLC Spons. Adr.	None	DIVIDENDS	\$1 - \$200	S
JT	Half Ownership 1435/1439 Kearney St. St. Helena, CA	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
JT	Investment Company of America	None	DIVIDENDS	\$201 - \$1,000	S
JT	Johnson & Johnson	None	DIVIDENDS	\$201 - \$1,000	S
	Nationwide Retirement Solutions	\$50,001 - \$100,000	None	NONE	
JT	Oracle Corp.	None	CAPITAL GAINS	\$1,001 - \$2,500	S
JT	Ownership of 2140 Finley Rd. East, Finley, CA	\$500,001 - \$1,000,000	Other: Farm Income	\$100,001 - \$1,000,000	
JT	Proctor & Gamble	None	DIVIDENDS	\$201 - \$1,000	S
JT	Putnam Health Science Trust	None	DIVIDENDS	NONE	S
JT	Silverado Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Walgreen	None	DIVIDENDS	\$201 - \$1,000	S
JT	Washington Mutual Inv. Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
JT	Wells Fargo Bank	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Mike Thompson

Page 5 of 7

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
JT	Caterpillar Inc.	S	Yes	11-13-09	\$1,001 - \$15,000
JT	Coca Cola	S	No	11-09-09	\$1,001 - \$15,000
JT	Edward Jones Money Market	S	No	11-09-09	\$50,001 - \$100,000
JT	Federated American Leaders	S	No	11-09-09	\$1,001 - \$15,000
JT	GlaxoSmithKline PLC Spons. Adr.	S	No	11-13-09	\$1,001 - \$15,000
JT	Investment Company of America	S	No	11-09-09	\$15,001 - \$50,000
JT	Johnson & Johnson	S	No	11-13-09	\$1,001 - \$15,000
JT	Oracle Corporation	S	Yes	11-09-09	\$1,001 - \$15,000
JT	Proctor and Gamble	S	No	11-09-09	\$1,001 - \$15,000
JT	Putnam Health Science Trust	S	No	11-09-09	\$1,001 - \$15,000
JT	Walgreen	S	No	11-09-09	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Mike Thompson

Page 6 of 7

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	Type of Liability	Amount of Liability
JT	American Ag Credit	Farm Development Loan, 2140 Finley Rd. Finley, CA	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name Mike Thompson

Page 7 of 7

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
General Partner	Travis Webb General Partnership, 5184 Garden Valley Rd. Suisun, CA