PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER $\overline{\mathsf{EACH}}$ 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? **EXEMPTION**—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. Name: Michael E Manalon CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Report Type Filer Status Annual (May 17, 2010) Member of the U.S. House of Representatives State Nu- York District: Amendment Daytime Telephone: 717-447-3482 Employee Officer or For use by Members, officers, and employees Eppeloying Office: Termination

HAND Page 1 of \$\frac{\fracc}{\frace\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frace\f{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\fr

LEGIS! ATIVE RESOURCE CENTER

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

the onse.	wered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes 🗙 No	Yes	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.
× N	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S D	Yes	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? If yes, complete and attach Schedule IV.
×	Yes	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.	S	₹	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	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.	₹ X	weg and a	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.
No X	Yes	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.	□ N	X	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

₹ **7**

Yes

8 **X**

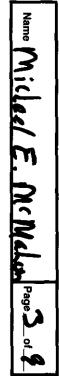
Name Mickel E. Mc Mc don

Page 2 of 9

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Examples: Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. netropolites Life Inspience O'Leasy + Apeco State of Maryland Civil War Roundtable (Oct. 2nd) Keene State Ontario County Board of Education LANCAR CURPANISTION Honvit erred (onponed in fanoit Finencial Life Insurance Office of Court Source To ministration tor scrvices prior Spouse Speech Spouse Salary to Current amplying deferred componida Legislative Pension Approved Teaching Fee Type 120 000 **Amount** \$1,000 \$9,000 \$6,000



SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

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Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
Oppe			
		}	

BLOCK A

Asset and/or Income Source

of its activities, and its geographic location in account and its value at the end of the reporting which generated more than \$200 in "unearned" Block A. For additional information, see period. For an active business that is not publicly not self-directed, name the institution holding the each asset in the account that exceeds the provide the value and income information on land, provide a complete address. Provide full income during the year. For rental property or od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or protraded, state the name of the business, the nature reporting threshold. For retirement plans that are not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use instruction booklet. (i.e., plans in which you have the power, even it ➤

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example. See below for as follows:

(S) (partial)

please indicate asset is sold,

or Example, Partnership Income or Farm Income)

8 SP,

Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it generated income, the value should be If an asset was sold during the reporting "None."

> Check "None" if asset did not genervested, should be listed as income.

ate any income during calendar year

Type of Income BLOCK C

not allow you to choose specific investments, you may write "NA." For Check all columns that apply. For retirement plans or accounts that do all other assets including all IRAs, Dividends and interest, even if reining the appropriate box below. indicate the type of income by check-

or generated. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned checking the appropriate box below. indicate the category of income by For all other assets, including all IRAs, ments, you may write "NA" for income not allow you to choose specific invest-For retirement plans or accounts that do

Amount of Income BLOCK D

exceeding exchanges (E) purchases (P) \$1,000 in sales (S), or asset had Indicate if the reporting year Fransaction BLOCK E

Over \$50,000,000	Merrill Lynd Involvent	Ciene Corp Steele	Prudantial Financial Life	Citibank - cash	1st Bank of Paducah, KY Accounts	Examples:	P, SP Mega Corp. Stock	scriude: Your personal residence(s) (unless rerital income); any debt owed to you by our spouse, or by you or your spouse's child, arent, or sibling; any deposits totalling \$5,000 or ass in personal savings accounts; and any financial interest in or income derived from U.S. Sovernment retirement programs. You so choose, you may indicate that an asset or income source is that of your spouse (SP) or ependent child (DC) or is jointly held (JT), in the ptional column on the far left.
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Michael E. Mc Mahon

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SCHEDULE IV - TRANSACTIONS

Name Michael E. M. Makon Page 6 of

											none	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate it a "nertial sale") See example below	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
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SCHEDULE V- LIABILITIES

Name Michel E. McMalon Page Zor

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

			\	576	Example:	J DC.	_		
				ST Real + Trust Cu	First Bank of Wilmington, Delaware	Creditor			
	つるえか	いない にものの	25 Mixer Rowl	Murkey on	Mortgage on 123 Main St., Dover, Del.	Type of Liability			
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SCHEDULE VI - GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
7020		

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

a spouse or dependent child that is totally independent of his or her relationship to you. **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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC~Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	Υ	2 Days
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SCHEDULE VIII—POSITIONS

Namy Michael E. M. Malyn

Page q_{-} of q_{-}

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

		None	Position
			Name of Organization
			tion

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
	None	