UNITED STATES HOUSE OF REPRESENTATIVES Name: JOHN S. TANNER CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT Annual (May 17, 2010) House of Representatives Member of the U.S. State: TENNESSEE District: 8 Amendment Daytime Telephone: んりみ・ よりター・ Employee Officer or For use by Members, officers, and employees Employing Office: Termination Form A Termination Date: against anyone who files more A \$200 penalty shall be assessed than 30 days late. LERISLATIVE RESOURCE CENTER 16:8 NA LI LENSIS DELIVERED HAND Page 1 of 10

S	UESTION	EXCLUSION OF SPOUSE. DEPENDENT. OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, (
the onse.	vered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S _o	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.
<u>₹</u>	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S	Yes No	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.	N _O	Yes No	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.
<u>₹</u>	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	es C	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.
<u>₹</u>	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.	S	Yes No	 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.

be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not

Yes

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Yes

§ X

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.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Status Report Type

Filer

Name JOHN S. TANNER Page 2 of 10

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.

					BETTY ANN TANNER ACCESSORIES SF	NATIONAL GUARD RETIREMENT	STATE OF TENNESSEE RETIREMENT	UNION CUTY INS. AGENCY (FAMILY OWNED BUSINESS)	tion	ble (Oct. 2nd)	Keene State	Source	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits reserve pay).
				Shouse salary	SPOUSE SALARY	PENSION	PENSION	FEE	Spouse Salary	Spouse Speech	Approved Teaching Fee Legislative Pension	Туре	benefits received under the Social Security Act
						25 701.	12,470.	8100.00	N _A	\$1,000	\$6,000	Amount	ecurity Act.

Transa	Amount of Income	Type of Income	Value of Asset	Asset and/or Income Source
BLO0	BLOCK D	BLOCK C	BLOCK B	BLOCK A
		11		

of its activities, and its geographic location period. For an active business that is not publicly account and its value at the end of the reporting 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 instruction booklet. Block A. For additional information, traded, state the name of the business, the nature not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments), (i.e., plans in which you have the power, even if 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 land, provide a complete address. which generated more than \$200 in "unearned" Identify (a) each asset held for investment or pro-Provide full see > "None." ø

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cial interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless Government retirement programs. less in personal savings accounts; and any finanyour spouse, or by you or your spouse's child,

dependent child (DC) or is jointly held (JT), in the optional column on the far left. or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 -- \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example See below for as follows: please indicate asset is sold, portion of an If only a

(S) (partial)

Other Type of Income

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

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(partial)

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Examples:

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Mega Corp. Stock Simon & Schuster

1st Bank of Paducah, KY Accounts

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

generated income, the value should be If an asset was sold during the reporting year and is included only because it

retirement plans or accounts that do Check all columns that apply. For ate any income during calendar year ing the appropriate box below. all other assets including all IRAs, investments, you may write "NA." For not allow you to choose specific Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reinindicate the type of income by check-

Type of Income

Check Divide check For al not all veste indica ments

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low you to choose specific invest-	asset had
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other assets, including all IRAs,	purchases (P),
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name JOHN S. TANNER

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BP PLC	ALTRIA GROWP	AT 0 T	1	HILLIAND GOVT FUND	HSBC BANK CD ZERO	MOTOROLA	J.P. MORGAN	CORRECT. CORPS OF Am.	SP MUNDER NET CUASSIC	SP LUCENT TECHNOLOGIES	SP COCA - COLA	P CISCO	SP AVAYA INC.	69 AGERE SYSTEMS - B	SP AGERE SYSTEMS - A	SP INVEST COMP OF AMER.	SP PEPSICO INC.	SP MEDTRONIC	SP CORRECTIONS CORP OF AMER	SP HILLIARD GOVT. FUND	SP, DC,	BLOCK A Asset and/or Income Source
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name JOHN S. TANNER

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name JOHN S. TANNER

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SCHEDULE IV- TRANSACTIONS

Name JOHN S. TANNER

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GERON CORP.	GENERAL ELECTRIC	E-TRADE	CRAUKER BARREL	CATERPILLAR	CATERPILLAR	BLACKROCK REAL ASSET	BP PLC	ALTRIA GROUP	AT+T	J. P. MORGAN CHASE + CO	HSBC BANK OD ZERO	FHLMC 2982 BB	FED. HOME WAN 2982 BB	MICROSOFT	MICRO SOFT	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	ates remai income, it only a portion of an asset is soid, please so indicate (<i>i.e.</i> , "partial sale"). See example below. 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).	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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 IV— TRANSACTIONS

Name JOHN S. TANNER

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates.	of Tra	Type Transaction	tion	Capital ed \$200	Date (мо/раү/үн)	œ	c	Amo	E Junt	투 of T	Amount of Transaction	н	_ on	د	<u></u>
oren, 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 (i.e., "partial sale"). See example below. 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.	PURCHASE	SALE	EXCHANGE	Check Box if C Gain Exceeded	Quarterly, Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
SP, DC, JT Asset															
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PROCTER + GAMBLE	×				3-15-09	×									
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SCHEDULE IV— TRANSACTIONS

Name JOHN S. TANNER

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Report any purchase, sale, or exchange transactions by you, your spouse,	Туре	oe												
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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.	PURC	EXCH	Check E Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000,	\$25,000, \$50,000, Over	\$50,000,
SP, DC, JT Asset									_	-	\downarrow		\perp	
SP Example: Mega Coporation Common Stock (partial sale)	×			10-12-09		×								
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SCHEDULE VIII—POSITIONS

Name JOHN S. TANNER

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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-

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		PARTNER	PRESIDENT	Position	
		TANNER	NESTAN		
		TANNER FARMS	MESTAN INSURANCE		
		L.P.	AGENCY (FAMILY OWNED BUSINESS	Name of Organization	
			(FAMILY	nization	
			CHININD		
			BUSINESS)		

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	