₹	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trans rst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child 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	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards	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?
S	QUESTIONS	EACH OF THESE QU	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X
No	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	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.
No X	Yes	or before the date	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.		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	d receive any in the reporting e)?	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.	∑	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	receive any pregating more	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.		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 X
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed more than	ty shall be are who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: se Term/nation Date:	Officer or Employee	Status Member of the U.S. State: 74 Report Annual (May 15) State: 74 Amendment
D	(Office Use Only)	(Offi			
	* 27 PH 2: 58	2010 JAN 27	Daytime Telephone: 2026240850	Daytime 1	Name: Robert Wexler
RE	HAND DELIVERED	3	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name
06
ber
7
12
ex,
ler

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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
Casi Investment Holding	Spouse Salary	NA

	Name
l	\gg
	06
	3
l	1
I	1
	X
	e
۱	1

Page 3 of 8

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.

Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
None			

commonwealth Annuity+LIEIK	Transamerica Life Insurance	COMMONWEALTH ANNUITY+LIFE INS	Transamerica Life Insurance	SunTrust Bank	Chevy Chase Bank		Examples:	SP, Sp Mega Corp. Stock	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 you or your spouse's child, parent, or sibling; any deposits totalling \$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.	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 asset 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
× ×	> <	\$.	×	><	><	×	Indefinite	×	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 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000	Indicate value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
						×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income 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 <i>including all IRAs</i> , 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 calendar year.
						×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	BLOCK D Amount of Income 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 IHAs, 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.
							2	S (partial)		BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE IV— TRANSACTIONS

Name Robert Wexler

Page 5 of 8

											None	Example: Mega Coporation (SP, DC, JT Asset	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.	stocks, bonds, commodities tutures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	
			<u> </u>											PURCHASE		of Tr
						 				1		×		SALE		Type
ļ							}							EXCHANGE		Type of Transaction
							i					10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
İ														\$1,001- \$15,000	89	
												×		\$15,001- \$50,000	ဂ	
		 			 									\$50,001- \$100,000	٥	Ama
				<u> </u>	 									\$100,001- \$250,000	m	unt
						 				 				\$250,001- \$500,000	TI	of Tr
]		-			\$500,001- \$1,000,000	<u> </u>	ans:
					<u></u>	 								\$1,000,001- \$5,000,000 \$5,000,001-	I	Amount of Transaction
						 								\$25,000,001 \$25,000,001]]
	<u> </u>	 												\$50,000,000 Over		
				L	 	 		 <u> </u>						\$50,000,000		

SCHEDULE V— LIABILITIES

Name Robert Wexler

Page of 8

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 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.

\$10,001- m \$15,000 m \$15,000 0 \$50,000 0	Creditor Type of Liability First Bank of Wilmington, Delaware Mode Island Student Loun Ass, College Student Loan College Student Loan X	Creditor Type of Liability B C D E F C C C C C C C C C	Creditor Creditor Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del. Stoo,0001- \$10,001- \$10,001- \$50,000- \$500,0001- \$1,000,0001	Creditor Type of Liability Example: First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del. Mortgage on 123 Main St., Dover, Del. S50,000 \$1,000,001 \$1,000,001 \$1,000,001 \$5,000,000 \$5,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,00
Type of Liability Mortgage on 123 Main St., Dover, Del. College Student Loan \$10,001- \$15,000 \$15,001- \$50,000 \$15,001- \$100,000 \$100,000	Type of Liability Mortgage on 123 Main St., Dover, Del. College Student Loan \$10,001- \$15,000 \$15,001- \$50,000 \$15,001- \$100,000 \$100,000	Type of Liability Type of Liability Mortgage on 123 Main St., Dover, Del. College Student Loan College Student Loan \$10,001-\$50,000 \$550,001-\$100,000 \$5500,001-\$5500,000 \$5500,001-\$1,000,000 \$5500,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000	Type of Liability Type of Liability Mortgage on 123 Main St., Dover, Del. College Student Loan \$10,001-\$15,000 \$15,001-\$50,000 \$250,001-\$250,000 \$250,001-\$500,000 \$500,000-\$1,000-\$1,000,000-\$1,000,000-\$1,000,000-\$1,000,000-\$1,000,000-\$1,0	Type of Liability Type of Liability Mortgage on 123 Main St., Dover, Del. College Student Loan \$10,001-\$50,000 \$15,001-\$50,000 \$500,001-\$500,000 \$1,000,000-\$500,000 \$1,000,000-\$500,000
\$15,000 \$15,001 \$50,000 \$50,001 \$100,000	\$15,000 \$15,001 \$50,000 \$50,001 \$100,000	\$15,000 \$15,001- \$50,001- \$100,000 × \$100,001- \$250,001- \$250,001- \$500,001- \$1,000,000 G \$1,000,001- \$1,000,001- \$1,000,001-	\$15,000 \$15,001- \$50,001- \$100,000 × \$100,001- \$250,001- \$250,001- \$500,001- \$1,000,000- \$1,000,000- \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001-	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,000- \$250,001- \$500,000- \$1,000,000- \$1,000,000- \$1,000,000- \$5,000,000- \$55,000,000- \$25,000,000- \$25,000,000- \$25,000,000- \$25,000,000- \$55,000,000- \$25,000,000- \$55,000,000- \$55,000,000- \$55,000,000- \$55,000,000- \$55,000,000-
0100.001	0100.001	* \$100,001- m \$250,000 m \$250,000 m of line \$1,000,000 G \$1,000,000 m	X \$100,001- m \$250,000 m \$250,000 m \$500,001- m \$1,000,000 m \$1,000,000 m \$5,000,000 m \$5,000,000 m \$5,000,000 m \$5,000,000 m \$5,000,000 m \$1,000,000 m \$1,000,	** \$100,001- m \$250,000- m \$500,000- m \$1,000,000- m \$5,000,000- m \$5,000,000- m \$25,000,000- m \$25,000- m \$2
	\$500,000 1 0 5 \$500,001- \$1,000,000 0 5	\$500,000 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$5,000,000	\$5,000,000 \$5,000,001- \$25,000,000- \$25,000,000- \$50,000,000

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

		Example: Mr. Joseph H. Smith, Anytown, Anystate	None	" .		
	Description	Silver Platter (determination on personal friendship received from Committee on Standards)				
Description Silver Platter (determination on personal friendship received from Committee on Standards)	Value	\$345				

Name
Rober
rth
lex/e
ler

Page
7
<u>q</u>
00

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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 or were paid by you and reimbursed by the sponsor.

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

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

SCHEDULE VIII—POSITIONS

Name Robert Wexler

Page

e ≪

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-

		(SP) Bourd Member	Position
		SUNFlower Bakery (uncompensated) (charitable and educational organization	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or 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
9/25/09	9/25/09 The Centerfor Middle East Peace + Economic Employment Agreement for Now-Prefit	Employment Agreement for Now-Profit
	Cooperation, Washington O.C.	Public Policy Institute
5/02/06	St. Martin's Press, New York	Publishing Agreement (previously submitted
		and approved by Committee on Standards of
		Official Conduction August 21, 2007/NO
		royalties or payments have been received)