Yes No X	child because	ssactions, or liabilities of a spouse or dependent c with the Committee on Ethics.	" income, tran st consulted t	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 Ethics.
Yes No No	closed. Have you	d certain other "excepted trusts" need not be disc	on Ethics an dependent ch	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?
JESTIONS	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
vered and the Yes" response.	nust be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No U	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 No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N ₀	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 No	r 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.	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.
Yes No	receive any the reporting)?	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.	No No	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 No	receive any egating 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.	No No	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 Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalt against anyon 30 days late.	e Termination Date:	Officer or Employee	Status Member of the U.S. State: Natural House of Representatives District: 13 Report Member of the U.S. State: Natural House of Representatives District: 13 Amendment
U.S. House dien proposition of the	US 1105	Daytime Telephone:(202) 225: 33구	Daytime	MICHAEL & GPIMM
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	WENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name MICHAEL G. GRIMM

Page 2

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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ble (Oct. 2nd) ward of Education	Spouse Speech Spouse Salary	\$1,000 NA
DOYLE & BROUNAND LAW PRACTICE	Attorney Fees	\$5,300.00

Asset and/or Income Source

BLOCK A

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) reportable asset or sources of income which generated any other

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

ment accounts which are not self-directed, provide only value at the end of the reporting period. the name of the institution holding the account and its account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, *even if not exercised*, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

vide a complete address For rental or other real property held for investment, pro-

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portion of an

ing the reporting period.

if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be

that is not publicly traded, state the name of the busition in Block A. å ness, the nature of its activities, and its geographic locaan ownership interest in a privately-held business

from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

001 - \$50,000,000

ED/BLIND TRUST

e.g., Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold,

(S) (partial)

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 ♀

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

BLOCK C

Dividends, interest, and capital Check all columns that apply. For may check the "None" column. (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow Type of Income

even if reinvested, must be disclosed checking the appropriate box below. the "None" column. For all other assets as income. Check "None" if no income Dividends, interest, and capital gains, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such was earned or generated indicate the category of income by you to choose specific investments For retirement accounts that do not allow

Amount of Income BLOCK D

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

						_		
					JТ	Ŗ,	SP,	income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.
		NOTE PECENAL	\geq	50 BOP	ĺ	Examples:		income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.
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		ale				Royalties		Other Type of Income
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SCHEDULE V— LIABILITIES

Name MICHAEL G. GPIMM

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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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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.

;		JT			SP, JT	
	SALLIEMAR	COMPASS BANK	INDINAC BANK	Example: First Bank of Wilmington, DE	Creditor	
	2002	2007		May 1998	Date Liability Incurred Mo/Year	
	LAW SCHOOL LOAN	REPSONAL LOAN	HOPTEAGE ON SO BOLMAN AVE, STATEN ISLAND, N 10314	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
	X	X			\$15,001- \$50,000	ı
					\$50,001- \$100,000	ı
				×	\$100,001- \$250,000	
			X		\$250,001- \$500,000 m	
					\$500,001- \$1,000,000	Amount of Liability
		ļ			\$5,000,000	₹
		<u> </u>		<u> </u>	\$5,000,001- \$25,000,000	
		-	ļ		\$25,000,001- \$50,000,000	
					Over \$50,000,000	

SCHEDULE VI— GIFTS

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.

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.

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

SCHEDULE VIII—POSITIONS

Name MICHAEL G. GPIMM

Page 5 of 5

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 nonprofit 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-

Position	Name of Organization
-dagnan	AUSTIN REFUEL, LLC.

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