| | | | | | | T () | |
|--------------------------------------|---|-----------------|--|---|-----------------------------|----------------|------|
| Yes No 🗸 | 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? | ed by the Commi | lified Blind Trusts" approv | Details regarding "Quai disclosed. Have you ex | Ť | Trusts- | |
| STIONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS | ST INFORM | ENDENT, OR TRU | F SPOUSE, DEPI | O NOIS | XCLUS | m |
| | schedule attached for each "Yes" response. | | | If yes, complete and attach Schedule V. | omplete a | lf yes, c | |
| ત્ર and the appropriate | Each question in this part must be answered and the appropriate | Yes No | any reportable liability | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | your spous an \$10,000) | | .< |
| | If yes, complete and attach Schedule IX. | | | ff yes, complete and attach Schedule IV. | omplete a | If yes, c | |
| n outside Yes No | Did you have any reportable agreement or arrangement with an outside IX. entity? | Yes No K | ₹ | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting | your spous le asset in a | | ₹. |
| | If yes, complete and attach Schedule VIII. | Yes V No | | if yes, complete and attach Schedule III. | in \$1,000 at complete a | | |
| | |] | | Did you, your spouse, or a dependent child receive "unearned" income of | your spous | | |
| than \$335 Yes 🗌 No 🗸 | VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes No V | , | you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | speech, ap complete a | | = |
| ble travel or | If yes, complete and attach Schedule VI. Did you your spouse, or a dependent child receive any reportable travel or | | on to charity in lieu of paying | If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying | omplete a | Did any i | |
| otherwise Yes No | Old you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? | Yes No 🗸 | g., salaries or fees) of \$200 | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? | or your spou from any so | or more | Ŀ |
| | QUESTIONS | OF THESE | PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | INFORMATION - | NARY | RELIM | ام ا |
| more than 30 days late. | Termination Date: | ☐ Termination | ☐ Amendment | Annual (May 15) | | Report Type | |
| be assessed against anyone who files | Employee | | tives District: 07 | House of Representatives | 1 | Status | |
| A \$200 penalty shall | Officer Or Employing Office: | | State: FL | Member of the U.S. | S | Filer | |
| (Office Use Only) | (Daytime Telephone) | | (Full Name) | (Fu | | | |
| HANDREE LERA | 202-225-4035 | | John L. Mica | Johr | | | |
| employees HAY I3 PM 5: 35 | FORM A Page 1 officers, and employees HAY 13 PM 5: 35 | ATIVES | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT | TES HOUSE C | D STA | JNITE | T |

| : III - ASSETS AND "UNEARNED" INCOM | SCHEDULE |
|-------------------------------------|----------|
| ASSETS AND "UNEARNE | = |
| D "UNEARNE | SSI |
| NEARNE | AND |
| EARNE | _ |
| m | VEAR |
| NCON | m |
| 震 | NCOME |

of the institution holding the account and its value at the end of the a fair market value exceeding \$1,000 at the end of the reporting period, vacation homes (unless there was rental income during the reporting مراحظت معمل ممارية المتعمد Exclude: Your personal residence, including second homes and publically traded, state the name of the business, the nature of its address. asset held in the account that exceeds the reporting thresholds. For exercised, to select the specific investments), provide the value for each symbols.) and (b) any other reportable asset or sources of income which activities, and its geographic location in Block A. For an ownership interest in a privately-held business that is not For rental or other real property held for investment, provide a complete self-directed (i.e.,plans in which you have the power, even if not For all IRAs and other retirement plans (such as 401(k) plans) that are Provide complete names of stocks and mutual funds (do not use ticker generated more than \$200 in "unearned" income during the year. Identify (a) each asset held for investment or production of income with reporting period. retirement accounts which are not self-directed, provide only the name Asset and/or Income Source Park, FL 305 E Capitol St SE, Wash. 2195 Via Tuscany, Winter Park First Commercial Bank, Winter Trust, Winter Park, FL Commerce National Bank & DC, 50% interest rental unit Units 2, 4, 5 & two garage units Cocoa Beach, FL 1305 S Atlantic Ave, Unit 130, 15 3rd Street NE Wash. DC, **BLOCK A** \$1,000,000 \$500,001 -\$15,000 \$1,001 -\$500,000 \$250,001 -\$5,000,000 \$1,000,001 -\$1,000,000 \$500,001 -\$500,000 \$250,001 the method used. If an value, please specify other than fair market valuation method at close of reporting the value should be it is generated income. year. If you use a included only because asset was sold and is Value of Asset Year-End Name John L. Mica BLOCK B RENT RENT period. during the reporting even if reinvested, must None, personal generated no income interest, and capital gains column. Dividends, check the "None" plans or IRAs), you may INTEREST residence None, personal residence Check "None" if the asse be disclosed as income. that generate tax-deferred specific investments or allow you to choose accounts that do not apply. For retirement Check all columns that NTEREST ncome (such as 401(k) Type of Income BLOCK C NONE \$5,001 - \$15,000 \$5,001 - \$15,000 \$15,001 - \$50,000 earmed or generated. "None" if no income was reinvested, must be capital gains, even if Dividends, interest, and appropriate box below of income by checking the assets, indicate the category "None" column. For all other generate tax-deferred income do not allow you to choose NONE disclosed as income. Check RAs), you may check the (such as 401(k) plans or specific investments or that For retirement accounts that Amount of Income BLOCK D reporting year. exchanges (E) (P), sales (S), or \$1,000 in exceeding Indicate if asset had purchases Transaction BLOCK E Page 2 of 5

SCHEDULE III - ASSETS AND "UNEARNED" INCOME =Park Lake Woods Condo Rental, units 8B, 9B, Maitland, Metropolitan Life Annuity Lot 21 & 22, Chetola Estates, Blowing Rock, NC Wright Patman Congressional Fed Credit Union FL, Time Deposit (IRA) Wachovia Bank, Winter Park, \$100,001 -\$250,000 \$100,001 -\$250,000 \$500,001 -\$1,000,000 \$50,001 -\$100,000 \$1 - \$1,000 Name John L. Mica None RENT INTEREST residence reinvested INTEREST None, personal NONE NONE \$1 - \$200 \$2,501 - \$5,000 \$5,001 - \$15,000 Page 3 of 5

SCHEDULE V - LIABILITIES

Name John L. Mica

Page 4 of 5

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

| | SP, DC, JT |
|---|-------------------------------|
| Washington Mutual Savings | Creditor |
| | Date Liability Incurred |
| Mortgage on Units 8B & 9B, Park woods Condominium, Maitland, FL | Type of Liability |
| \$15,001 - \$50,000 | Amount of Liability |

| FOOTNOTES | ES | Name John L. Mica | Page 5 of 5 |
|-----------|--------------------|--------------------------------|--|
| Number | Section / Schedule | Footnote | This note refers to the following item |
| - | Schedule IV | Paid Off 5/30/2010 \$30,292.88 | Washington Mutual |
| | on one | | Savings |