NO.	I Yes □ Mo ☑	other assets, "unearned" income, transactions, or liabilities of a spouse or dependent chile transactions are liabilities of a spouse or dependent chile transactions.	ou excluded from this report any	
Š	t Yes No 🗸	tiee on Standards of Official Conduct and certain other "excepted t details of such a trust benefiting you, your spouse, or dependent	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?	
	TIONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWEI	_
		schedule attached for each "Yes" response.	If yes, complete and attach Schadule V.	
<u>ज्</u> यात	nd the appropri	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability Yes V. (miore than \$10,000) ourling the reporting period?	
		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.	_
No Si	Yes []	Did you have any reportable agreement of attangement with art outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes Wo Vincented?	
		If yes, complete and attach Schedule VIII.	If yes, complete and aftach Schedule III.	_
8	Yes []	Did you hold any reportable positions on or before the date of using in me VIII. Current calendar year?	Did you, your spouse, or a dependent child receive "uncerned" income of it. more than \$200 in the reporting period or fold any reportable asset worth Yes W No more than \$1,000 at the end of the period?	
		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule il.	
<u>S</u>	Yes	VII. reimbursemants for iravel in the reporting period (worth more than \$335 from one source)?	Did any individual or organization make a denadion to charity in lieu of paying lil. You for a speech, appearance, or article in the reporting period? Yes No No No	
		If yes, complete and affach Schedule VI.	If yes, complete and attach Schedule f.	_
□ 8 ©	Yes	Did you, your spouse, or a dependent child receive any reportable gitt in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No M	
			PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	_
]	late.	legnination Date.	Report	
· ·	anyone who tiles			
MASS.	A \$200 penalty shall be assessed against	Officer Or Employing Office: A Employee b	Filer House of Representatives District: 11	
	(office use only) ENIALVES	(Daylime Telephone)	(Full Name)	
	€		REPRESENTATIVE YVETTE D. CLARKE	
5: 23	\[\text{\tiny{\tint{\text{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\text{\tiny{\t			
TO THE STATE OF TH	• • • • • • • • • • • • • • • • • • •	For use by Members, officers, and employees	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	
		FORM A Page 1 of 5	INITED STATES HOUSE OF REPRESENTATIVES	

SCHEDULE III
ASSETS AND
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ÖMM Name REPRESENTATIVE YVETTE D. CLARKE Page 2 of 5

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	BLOCK A	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,900 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unrearned" 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 401k), plans) that are self directed (i.e., plans in which you have the power, aven if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the 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 deposits totaling \$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.	JP MORGAN CHASE BANK CHECKING ACCOUNT	JP MORGAN CHASE BANK SAVINGS ACCOUNT	MAINSTAY- RETIREMENT CAPITAL APPRECIATION FUND B	MAINSTAY-RETIREMENT CAP APPR FUND INVESTOR CLASS	MAINSTAY-RETIREMENT TOTAL RETURN FUND B	MAINSTAY-RETIREMENT TOTAL RETURN
I Wall To	BLOCK B	Year-End 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 and is included only because it is generated income, the value should be "None."	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1 - \$1,000	\$1 - \$1,000	\$1 - \$1,000	\$1 - \$1,000
	BLOCK C	Type of Income Check all columns that apply. For refirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, 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 the calendar year.	None	INTEREST	CAPITAL GAINS	CAPITAL GAINS	DIVIDENDS & CAPITAL GAINS	DIVIDENDS & CAPTIAL GAINS
	BLOCK	Amount of Income For refirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be fisted as income. Check "Mone" if no income was earasid or generated.	NONE	\$1 - \$200	NONE	NONE	\$1 - \$200	\$1 - \$200
	BŁOCK E	Transaction indicate if asset had purchases (P), seles (S), or exchanges (E) exceeding \$1,000 in reporting year.						

SCHEDULE III - ASSETS AND "UNEARNED" INCOME		Name REPRESENTATIVE YVETTE D. CLARKE	SKE	Page 3 of 5
7	\$15,001 -	CAPITAL GAINS	NONE	
APPRECIATION FUND A	\$50,000			
OPPENHEIMER FUNDS-	\$1,001 - \$15,000 CAPITAI	GAINS	NONE	
RETIREMENT MIDCAP FUND				
XCEL FEDERAL CREDIT \$ UNION CD \$	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

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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 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. SCHEDULE V - LIABILITIES ት ያ OPPENHEIMER FUNDS XCEL FEDERAL CREDIT UNION Name REPRESENTATIVE YVETTE D. CLARKE PENSION PLAN LOAN AUTO LOAN Type of Liability \$10,001 - \$15,000 \$15,001 - \$50,000 Amount of Liability Page 4 of 5

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

sponsor. 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by 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 spouse or dependent child that is totally independent of his or her relationship to you. amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Name REPRESENTATIVE YVETTE D. CLARKE Page 5 of 5

					Was a Family	Days not at
		Point of Departure-	Lodging?	Food?	Food? Member Included?	sponsor's
Source	Date(s)	Destination-Point of Return	(NIX)	(Y/N)	(Y/N)	expense
CONGRESSIONAL	AUGUST	NEW YORK-	Υ	≺	N	NONE
BLACK CAUCUS	14-16	TUNICA, MISSISSIPPI-NEW				
POLITICAL EDUCATION		YORK				
& LEADERSHIP						

INSTITUTE

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