Termination Date: 1/3/2011 Indigou, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	nittee on Standards o	ed from this repo		j
n Date: 1/3/2011 more than 30 d. 1/3/2011 alte. more than 30 d. late. late.		ved by the Comm	Frusts 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	
more than 30 d. 1/3/2011 Iate. 1/3/2011 Iate. 1/3/2011 Iate. Iate	MATION ANS	JST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	mГ
ination Date: 1/3/2011 repouse, or a dependent child receive any reportable gift in the late. Iate. Iat	Each question	Yes No V	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	٧.
ination Date: 1/3/2011 Index. 1/3/2011 Index. Ind	If yes, comp		If yes, complete and attach Schedule IV.	
ination Date: 1/3/2011 any one than 30 d. 1/3/2011 Iate. spouse, or a dependent child receive any reportable gift in the iod (i.e., aggregating more than \$335 and not otherwise Yes plete and attach Schedule VI. spouse, or a dependent child receive any reportable travel or mis for travel in the reporting period (worth more than \$335 Yes plete and attach Schedule VII. say reportable positions on or before the date of filing in the Yes care plete and attach Schedule VIII.	⋝	Yes No V	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	<u>.</u>
more than 30 d. 1/3/2011 late. 1/3/2011 late. spouse, or a dependent child receive any reportable gift in the rod (i.e., aggregating more than \$335 and not otherwise Yes plete and attach Schedule VI. spouse, or a dependent child receive any reportable travel or into for travel in the reporting period (worth more than \$335 Yes plete and attach Schedule VII.	VIII. current calendar year? If yes, complete and	Yes 🗸 No 🗆	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.	Ę.
ination Date: 1/3/2011 any one than 30 d. 1/3/2011 Iate. spouse, or a dependent child receive any reportable gift in the tod (i.e., aggregating more than \$335 and not otherwise Yes plete and attach Schedule VI. spouse, or a dependent child receive any reportable travel or ints for travel in the reporting period (worth more than \$335 Yes Price)?	ir yes, comp		it yes, complete and attach schedule II.	
ination Date: 1/3/2011 spouse, or a dependent child receive any reportable gift in the riod (i.e., aggregating more than \$335 and not otherwise Yes No plete and attach Schedule VI.	≦	Yes No V	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?	-
ination Date: 1/3/2011 Iate. spouse, or a dependent child receive any reportable gift in the local contents of the same and not otherwise of the same and	If yes, comp		If yes, complete and attach Schedule I.	
ination Date: 1/3/2011	Did you, your of the property?	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?	1
ination Date: 1/3/2011	QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	77
		Termination	Report Type	
Employing Office: A \$200 penalty shall be assessed against	Officer Or Employee		Filer Member of the U.S. State: MI House of Representatives District: 3	
(Daytime Telephone) (Office Use Only)			(Full Name)	
HAND DELIVERED			Vernon J. Ehlers	
FORM A Page 1 of 6 e by Members, officers, and employees.	For use by Mem	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	I

SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

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Source	Туре	Amount
State of Michigan	Pension	\$40,230
State of California	Pension	\$4,881
Kent County, Michigan	Pension	\$2,026

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Name Vemon J. Ehlers

Page 3 of 6

					SP	If you so che that of your : in the option	Exclude: You debt owed to parent or sits savings according to the control of the	ASS Identify (a) e a fair market and (b) any o than \$200 in land, provide mutual funds retirement pi in which you in which you in the accou plans that ar and its value that is not pu its activities, information,
TIAA CREF Retirement Account TIAA Traditional Fund	Chase Bank	Macatawa Bank	Northern Trust Bank	Lake Michigan Credit Union	Lake Michigan Credit Union IRA	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.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	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 assets 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 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.
\$100,001 - \$250.000	\$1,001 - \$15,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$1,001 - \$15,000			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."
N/A	INTEREST	INTEREST	INTEREST	DIVIDENDS	SQNAGINIQ			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 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.
N/A	\$1 - \$200	\$2,501 - \$5,000	\$5,001 - \$15,000	\$5,001 - \$15,000	N/A			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 IRAs, 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.
								BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Vernon J. Ehlers	Ehlers		Page 4 of 6
	TIAA CREF Retirement Account CREF Stock	\$50,001 - \$100,000	N/A	N/A	
	TIAA CREF Retirement Fund CREF Real Estate Fund	\$50,001 - \$100,000	N/A	N/A	
	TIAA CREF Retirement Fund CREF Bond Market Fund	\$50,001 - \$100,000	N/A	N/A	
	TIAA CREF Retirement Fund CREF Inflation Linked Bond Fund	\$50,001 - \$100,000	N/A	N/A	
	TIAA CREF SRA Retirement Fund TIAA Traditional Fund	\$1,001 - \$15,000	N/A	N/A	
	TIAA CREF SFA Retirement Fund CREF Stock Fund	\$1,001 - \$15,000	N/A	N/A	
	IRA DFA International Core Equity Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA DFA US Core Equity Fund	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
	IRA Dimensional Advisor Five Year Govt Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA DFA Emerging Markets Core Equity Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA Dimensional Advisor One Year Fixed Income Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA Invt Two Year Global Fixed Income Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA Dimensional Advisor Real Estate Securities Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA Dimensional Adv Global Fixed Income Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

IRA Fidelity Cash Reserves \$1 - \$1,000 DIVIDENDS \$1 - \$200	מלחבים	SCHEDOLE III - ASSELS AND CHEARNED INCOME	Name Vernon J. Ehlers	า J. Ehlers		Page 5 of 6
		IRA Fidelity Cash Reserves	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers

Page 6 of 6

spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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

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January 14	~	~	~	Grand Rapids, MI to Ft.	January	Alliance for Health Reform January
expense	(Y/N)	(Y/N)	(Y/N)	DestinationPoint of Return	Date(s)	Source
sponsor's	g? Food? Member Included?	Food?	Lodging?	Point of Departure		
Days not at	Was a Family					