	iuse Yes 🗌 No 🗹	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.	ets, "unearned" income sewer "yes" unless you	from this report any other assubers for exemption? Do not a	_	Exemptions-	. T
	ed. 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?	d by the Committee on a trust benefiting you,	Qualified Blind Trusts" approve from this report details of such	Details regarding "(Have you excluded	Trusts-	
	ONS	ON ANSWER EACH OF THESE QUESTIONS	ST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	N OF SPOUSE, DE	EXCLUSION	1 1
	"response.	appropriate schedule attached for each "Yes" response.		<i>.</i>	ff yes, complete and attach Schedule V.	If yes, compl	_
	and the	Each question in this part must be answered and the	Yes No	d have any reportable Hability eriod?	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (more than \$1	
		If yes, complete and attach Schedule IX.		<i>Y.</i>	if yes, complete and attach Schedule IV.	if yes, compt	_
	outside Yes No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you, your spouse, or dependent child purchase, sell, or exchange a reportable asset in a transaction exceeding \$1,000 during the reporting period?	V. reportable ass period?	
		If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III	If yes, compl	
	ng in the Yes ☑ No ☐	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No U	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 \$100 in the and of the period or hold any reportable asset worth	Did you, your spouse, or a dependent child more than \$200 in the reporting period or he more than \$1 000 at the and of the period?	Did you, your more than \$20	
		If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	If yes, compl	_
	than \$335 Yes No 🗸	Did you, your spouse, or a dependent child receive any reportable travel VII. or relimbursements for travel in the reporting period (worth more than \$335 Yes from one source)?	Yes No V	donation to charity in lieu of inticle in the reporting period?	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?	Did any indivi II. paying you fo	
		Wyes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	If yes, compl	_
	hegiftin Merwise Yes □ No ☑	Did you, your spouse, or a dependent child receive any reportable gift in VL the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	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?	Did you or your spouse have "earned" income (e. or more from any source in the reporting period?	Did you or you L or more from	
		ESTIONS	OF THESE QUI	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	NRY INFORMATIO	PRELIMINA	1 1
	more than 30 days late.	Territation Date.	☐ Termination)	🗹 Annual (May 15)	Report Type	
	anyone who files				>		_
	A \$200 penalty shall be assessed against	Officer Or Employing Office:		State: CA State: District: 20	Member of the U.S. House of Representatives	Filer Status	
	(Office Use Only)	(Daytime Telephone)		(Full Name)			_
RED	USE OF REPRESENTATIVES.	. mg		James M. Costa	ا		
K	EST 13 PH 2:47	107					_
	Page 1 of Egis. ATIVE RESOURCE CENTER amployees	FORM A Page 1 of £GIS. A For use by Members, officers, and employees	TATIVES EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE CALENDAR YEAR 2010 FINANCIAL	UNITED S	
						4	٠.

SCHEDULE I - EARNED INCOME

Name James M. Costa

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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.

Source	Туре	Amount
California Public Employees Retirement Systems	Legislative Pension	\$3,607
California Legislators Retirement System	Legislative Pension	\$7,126

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deposits totaling \$5,000 or less in a personal checking or saving accounts Exclude: Your personal residence, including second homes and vacation traded, state the name of the business, the nature of its activities, and its For an ownership interest in a privately-held business that is not publically address. For rental or other real property held for investment, provide a complete the account and its value at the end of the reporting period. select the specific investments), provide the value for each asset held in the directed (i.e., plans in which you have the power, even if not exercised, to geographic location in Block A. which are not self-directed, provide only the name of the institution holding account that exceeds the reporting thresholds. For retirement accounts For all IRAs and other retirement plans (such as 401(k) plans) that are selfsymbols.) Provide complete names of stocks and mutual funds (do not use ticker fair market value exceeding \$1,000 at the end of the reporting period, and identify (a) each asset held for investment or production of income with a nomes (unless there was rental income during the reporting period); any than \$200 in "unearned" income during the year. (b) any other reportable asset or sources of income which generated more Asset and/or Income Source America (formerly Supreme Union Costa Farms Fresno, CA Premier Valley Bank Stock Portuguese Fraternal Society of Congressional Federal Credit Washington D.C. 408 5th Street St. SE Fresno, CA 1750 S. Chateau Council of S.E.S) **BLOCK A** Ш \$15,000 \$1,001 -\$1,001 -\$15,000 \$1,001 -\$1,000,001 -\$15,000 \$500,000 \$25,000,000 \$5,000,001 -\$250,001 -\$5,000,000 the value should be is generated income, included only because it than fair market value, at close of reporting asset was sold and is valuation method other year. If you use a method used. If an please specify the Value of Asset Year-End **BLOCK B** Name James M. Costa RENT DIVIDENDS Farm Real Estate RENT during the reporting period capital gains, even if check the "None" column. generated no income Check "None" if the asset Dividends, interest, and plans or IRAs), you may Check all columns that NTEREST NTEREST disclosed as income. reinvested, must be generate tax-deferred investments or that you to choose specific accounts that do not allow Income (such as 401(k) apply. For retirement Type of Income BLOCK C \$1,000,000 \$100,001 -\$1 - \$200 \$1 - \$200 \$1 - \$200 \$15,001 - \$50,000 was earned or generated gains, even if reinvested, must \$5,001 - \$15,000 Check "None" if no income appropriate box below. be disclosed as income. income by checking the column. For all other assets you may check the "None" (such as 401(k) plans or IRAs) generate tax-deferred income specific investments or that do not allow you to choose For retirement accounts that Dividends, interest, and capital indicate the category of Amount of Income BLOCK D exchanges (E) in reporting year exceeding \$1,000 (P), sales (S), or Indicate if asset Transaction had purchases BLOCKE Page 3 of 6

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Wells Fargo Bank self-directed) West America Bancorp Stock Wachovia Securities 401K (not \$100,001 -\$250,000 \$15,001 -\$50,000 \$1,001 -\$15,000 Name James M. Costa Retirement Plan **DIVIDENDS** INTEREST \$2,501 - \$5,000 \$1 - \$200 \$201 - \$1,000 Page 4 of 6

SCHEDULE V - LIABILITIES

Name James M. Costa

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the balance at the close of the preceding calendar year exceeded \$10,000. 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 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, 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

SP,		Date Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
	United Security Bank	Oct 2007	Personal	\$250,001 - \$500,000
	The National Capitol Bank	Jul 2006	Mortgage on 408 5th Street S.E., Washington DC	\$250,001 - \$500,000
	TO AND THE PERSON OF THE PERSO			

SCHEDULE VIII - POSITIONS

Name James M. Costa

Page 6 of 6

honorary nature; and positions listed on Schedule I. educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any

Position	Name of Organization
Board Member	National Conference of State Legislatures Foundation
Board Member	The Maddy Institute, CA State University, Fresno