

MICHAEL M. HONDA  
15TH DISTRICT, CALIFORNIA

WASHINGTON OFFICE:  
1713 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-2631  
FAX: (202) 225-2699  
<http://www.honda.house.gov>

DISTRICT OFFICE:  
1999 SOUTH BASCOM AVENUE  
SUITE #815  
CAMPBELL, CA 95008  
PHONE: (408) 558-8085  
FAX: (408) 558-8086  
GILROY RESIDENTS: (888) 643-4715



## Congress of the United States House of Representatives

May 12, 2009

COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEES:  
COMMERCE, JUSTICE, AND SCIENCE  
LABOR, HEALTH AND HUMAN SERVICES,  
AND EDUCATION  
LEGISLATIVE BRANCH  
SENIOR MAJORITY WHIP  
CONGRESSIONAL ASIAN PACIFIC  
AMERICAN CAUCUS, CHAIR  
CONGRESSIONAL ETHIOPIAN  
AMERICAN CAUCUS, CHAIR  
CONGRESSIONAL-EXECUTIVE  
COMMISSION ON CHINA

Clerk of the House  
Legislative Resource Center  
B-106 Cannon House Office Building  
Washington, DC 20515-6612

To Whom It May Concern:

In recently reviewing my financial records, it came to my attention that there were some inadvertent inaccuracies contained in some of my Financial Disclosure Statements. I am re-filing corrected financial disclosures for the years 2002-2007. In particular, my new filings reflect the following:

- My Sun Life insurance policies were exchanged for an Acacia insurance policy in 2003;
- My Americo Financial Life annuities were misidentified as "American" Financial Life in some filings;
- A full description of some of my assets on each filing, including the full names of my Fidelity funds, along with more accurate income information are provided;
- My California retirement benefits are now properly reported on Schedules I and IX, vice Schedule III, and correctly reflect the changes in those benefits resulting from my wife's death in 2004.

Thank you for your cooperation. If you have any questions, please contact my Chief of Staff, Jennifer Van der Heide, at 202-225-2631.

Sincerely,

Michael M. Honda  
Member of Congress

LEGISLATIVE RESOURCE CENTER  
2009 MAY 12 PM 12:18  
U.S. HOUSE OF REPRESENTATIVES  
Me ✓  
HAND DELIVERED

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007FORM A  
For use by Members, officers, and employees

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Michael M. Honda 2007  
(Full Name)202-225-2631  
(Daytime Telephone)2009 MAY 12 PM 12:18  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 15	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions- 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

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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	Type	Amount
California State Teachers Retirement System	Calsters defined benefit retirement pay	\$35,352
California State Teachers Retirement System	Deceased spouse family allowance.	\$11,820
California State Employees Retirement System	Calpers defined benefit retirement pay	\$11,856

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 in which you have the power, even 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.</p> <p>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.</p> <p>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.</p>		<p>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."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	Acacia Life Insurance Universal Life Policy	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$50,001 - \$100,000	None	NONE	
	Americo Financial Life and Annuity Insurance Co., Single Premium Annuity	\$50,001 - \$100,000	None	NONE	
	Evergreen Mid-Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Fidelity Adv Growth Opport-CL T	\$1,001 - \$15,000	None	NONE	
	Fidelity Equity Growth Opport CL T	\$1,001 - \$15,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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International County/City Mgrs. Assoc. 457 Deferred Comp. Plan, 100% in PLUS Fund	\$50,001 - \$100,000	None	NONE		
Provident Credit Union	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000		
Union Bank	\$1 - \$1,000	INTEREST	\$1 - \$200		
Vacant land, San Bernardino County parcel # 0420271130000	\$1,001 - \$15,000	None	NONE		

# SCHEDULE V - LIABILITIES

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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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First Bank Master Card	Revolving Charge Account	\$15,001 - \$50,000

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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 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 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Korea Center for United Nations Human Rights Policy	Nov. 24-28	San Francisco, CA-Seoul, S. Korea-San Francisco, CA	Y	Y	N	None
Community Clinic of Los Angeles County	Jul. 20-21	DC-San Diego, CA-San Jose, CA	Y	Y	N	None
Aspen Institute	Mar. 31-Apr. 8	San Francisco, CA-Shanghai/Nanjing/Beijing, China-San Jose, CA	Y	Y	N	None

# SCHEDULE IX - AGREEMENTS

Name Michael M. Honda 2007

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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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Me/California State Teachers Retirement System	I am a participant in the Calsters defined benefit retirement plan.
Indefinite	Me/California Public Employees Retirement System	I am a participant in the Calpers defined benefit retirement plan.