

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
• CHAIR

COMMITTEE ON THE JUDICIARY
• CHAIR – SUBCOMMITTEE ON IMMIGRATION,
CITIZENSHIP, REFUGEES, BORDER SECURITY, AND
INTERNATIONAL LAW
• SUBCOMMITTEE ON CRIME, TERRORISM, AND
HOMELAND SECURITY
• SUBCOMMITTEE ON COMMERCIAL AND
ADMINISTRATIVE LAW

COMMITTEE ON HOUSE ADMINISTRATION
• CHAIR – SUBCOMMITTEE ON ELECTIONS
• THE JOINT COMMITTEE ON THE LIBRARY

COMMITTEE ON HOMELAND SECURITY
• SUBCOMMITTEE ON BORDER, MARITIME AND GLOBAL
COUNTERTERRORISM

**HAND
DELIVERED**

Congress of the United States
House of Representatives
Washington, DC 20515

ZOE LOFGREN
16TH DISTRICT, CALIFORNIA

LEGISLATIVE RESOURCE CENTER

2010 JUN 16 PM 3:18

102 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3072 FAXES

WWW.HOUSE.GOV/LOFGREN

CHAIR, CALIFORNIA DEMOCRATIC CONGRESSIONAL
DELEGATION

CO-CHAIR, CONGRESSIONAL CAUCUS ON VIETNAM

CO-CHAIR, DIVERSITY & INNOVATION CAUCUS

CO-CHAIR, CONGRESSIONAL HAZARDS CAUCUS

June 16, 2010

The Honorable Lorraine Miller
Clerk, U.S. House of Representatives
Washington, D.C. 20515

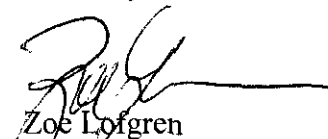
MC

Dear Ms. Miller:

Attached is my Financial Disclosure Statement for calendar year 2009.

Listed on Schedule VIII is my honorary board member position at the "Roosevelt Institute." I inadvertently omitted this entry in the calendar year 2007 and 2008 reports and request this letter serve as an amendment to reflect my position with this organization on those Financial Disclosure Statements.

Sincerely,


Zoe Lofgren
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2010 JUN 15 PM 3:17

Zoe Lofgren

(Full Name)

(202) 225-3072

(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives

State: CA
District: 16

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

HAND DELIVERED

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?	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 \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" 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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Zoe Loftgren

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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
John Marshall Collins, P.C.	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Zoe Lotgren

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BLOCK A Asset and/or Income Source <small>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. 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. 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.</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <small>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.</small>	BLOCK D Amount of Income <small>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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
California Public Employee Retirement System	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
ICMARC - Ams Fund Inv Co of America	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P
ICMARC - Aston/Optimum Mid Cap Equity	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P
ICMARC - Fidelity Contrafund	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P
ICMARC - Fidelity Diversified Int'l	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	ICMARC - Perkins Mid Cap Value I	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$201 - \$1,000	
	ICMARC - T. Rowe Price Sm-Cp Value	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$201 - \$1,000	
	ICMARC - T. Rowe Price Small-Cap Stk	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$201 - \$1,000	
	ICMARC - VantageTrust PLUS Fund	\$100,001 - \$250,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P
SP	John Marshall Collins PC-Stock	\$250,001 - \$500,000	None	NONE	
SP	Wells Fargo & Co Cash Swe/WF Advantage Money Market	\$500,001 - \$1,000,000	INTEREST	\$5,001 - \$15,000	
JT	Wells Fargo Checking Account	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Wells Fargo IRA: Wells Fargo Bank Market Linked CD, Maturity Date 11/7/2011	\$15,001 - \$50,000	None	NONE	
JT	Wells Fargo Savings Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Zoe Lofgren

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ICMARC - Ams Fund Inv Co of America	P	Yes	Quarterly	\$1,001 - \$15,000
	ICMARC - Aston/Optimum Mid Cap Equity	P	Yes	Quarterly	\$1,001 - \$15,000
	ICMARC - Fidelity Contrafund	P	Yes	Quarterly	\$1,001 - \$15,000
	ICMARC - Fidelity Diversified Int'l	P	Yes	Quarterly	\$1,001 - \$15,000
	ICMARC - Vantage Trust PLUS Fund	P	Yes	Quarterly	\$1,001 - \$15,000

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 \$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 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
CARE USA	Apr. 4-9	DC-Nairobi-SF	Y	Y	N	None
Aspen Institute	Aug. 17-22	SF-Calgary-SF	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

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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 educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Santa Clara University School of Law Board of Visitors
Member	Santa Clara University School of Law Dean's High Tech Advisory Council
Honorary Board	Viet Heritage Society
Advisory Board	Silicon Valley Education Foundation
Advisory Board	Santa Clara Computer & High Technology Law Journal; Santa Clara University School of Law
Bay Area Board of Advisors	Pacific Community Ventures
National Advisory Board	Roosevelt Institute
Honorary Board Member	Sisters on the Planet Climate Change Campaign
Ex Officio Board Member	The Tech Museum of Innovation
Member	Leadership Team, Step Up Silicon Valley: Campaign to Cut Poverty (Catholic Charities)

SCHEDULE IX - AGREEMENTS

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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
1981 to Present	California Public Employees Retirement System (through County of Santa Clara)	Continuing Membership (Vested); no continuing contribution by employer or employee
1981 to Present	Wells Fargo Bank & ICMA (through County of Santa Clara)	Savings Plan; no contribution by employer or employee

FOOTNOTES

Name Zoe Lofgren

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Change in Displayed Title of Fund: "Investment Company of America"	ICMARC - Ams Fund Inv Co of America
2	Schedule III	Change in Displayed Title of Fund: "Aston/Optimum Mid Cap Fund N"	ICMARC - Aston/Optimum Mid Cap Equity
3	Schedule III	Change in Displayed Title of Fund: "VT Fidelity Contrafund"	ICMARC - Fidelity Contrafund
4	Schedule III	Change in Displayed Title of Fund: "Lord Abbett Mid Cap Value A"	ICMARC - Perkins Mid Cap Value I
5	Schedule III	Change in Displayed Title of Fund: "VT T. Rowe Price Sm-Cp Value"	ICMARC - T. Rowe Price Sm-Cp Value
6	Schedule III	Change in Displayed Title of Fund: "VT T. Rowe Price Small-Cap Stock"	ICMARC - T. Rowe Price Small-Cap Stk