<u> </u>	\ \	Yes 🗆	endent child	ns, or liabilities of a spouse or dependent child ave first consulted with the Committee on	lycome, transactio 'yes" unless you h	sets, "unsamed" ' Do not answer "	3 Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent 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.	Exemptions	
	S S	Yes 🗆	ner "excepted or dependent	of Official Conduct and certain oth trust benefiting you, your spouse, o	ittee on Standards t details of such a	ved by the Commi ad from this repor	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?	Trusts-	
		SNO	E QUEST	SWER EACH OF THESE	ATION AN	IST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION	
	'		sponse.	schedule attached for each "Yes" response.	schedule		If yes, complete and attach Schedule V.	If yes, complet	_
	ropriate	d the app	nswered an	estion in this part must be answered and the appropriate	Each question	Yes € No □	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (more than \$10,0	
				plete and attach Schedule IX.	If yes, complete a		If yes, complete and attach Schedule IV.	If yes, complet	,
	□ 8 ⑤	Yes	ent with an outsi	Did you have any reportable agreement or arrangement with an outside 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 revisor?	IV. reportable asset	
ļ				plete and attach Schedule VIII.	If yes, complete a		If yes, complete and attach Schedule III.	If yes, complet	•
	□ 8 ⑤	n the Yes	he date of filing i	Did you hold any reportable positions on or before the date of filing in the current calendar year?	Did you hold any rep VIII. current calendar yea	Yes & No	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?	III. more than \$200 i more than \$1,000	
<u> </u>				If yes, complete and attach Schedule VII.	If yes, com		If yes, complete and attach Schedule II.	If yes, complet	_
	□ 8 <	avel or 335 Yes	ny reportable tra orth more than \$	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)?	Old you, your spous VII. reimbursements for from one source)?	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?	II. you for a speech	
1				plete and attach Schedule VI.	If yes, complete a		If yes, complete and attach Schedule I.	If yes, complet	_
	□ No 🗹	Rin Vise Yes	ny reportable gi	r spouse, or a dependent child receive any reportable giñ in period (i.e., aggregating more than \$335 and not otherwise	Did you, your spous VI. the reporting period 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 or more from an	
					QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELIMINAR	
	30 days	more than 30 days late.	a 3	1/2/2011		☑ Termination	Annual (May 15) Amendment	Report Type	_
	o files	anyone who files	<u> </u>	The state of the s	Torm				
	alty shall d against	A \$200 penalty shall be assessed against	፬ >	Employing Office:	Officer Or Employee		Member of the U.S. State: VA House of Representatives District: 05	Filer Status	
֡֞֜֝֜֜֜֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡	se Only)	(Office U		(Daytime Telephone)			(Fult Name)		_
STNASK III FOIDI F	X = C		S. S	434-825-0745		_	THOMAS STUART PRICE PERRIELLO		
I I		r c							_
	11: 34 11: 34	YOO AM	employees III APR 20 AMII: 34	FORM A Page 1 of SISL NAVE GESCHALL VENUE For use by Members, officers, and employees APR 20 ARTH: 34	For use by	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED ST	_
	í 	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							

	BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCKE
Identify (a) ea a fair market and (b) any c than \$200 in land, provide mutual funds retirement pl in which you investments; in the account plans that are and its value that is not pu its activities, information, Exclude: You debt owed to parent or sib savings according according to the continuous cho that of your so cho that of your so cho	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 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.	Value at close year. If valuatio other the value, pi the meth asset wa include we it is gen the value." "None."	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."	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.	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 lRAs, 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.	Transaction Indicate if asset had purchases (P), sales (\$), or exchanges (E) exceeding \$1,000 in reporting year.
	Roth IRA as follows:					
	Vanguard 500 Index Fund	\$15,001 \$50,000	001 - 000	DIVIDENDS/CAPI TAL GAINS	\$1 - \$200	
	Vanguard Target Ret. 2045	\$1,001 - \$15,000	01 - 000	DIVIDENDS/CAPI TAL GAINS	\$1 - \$200	
	Virginia National Bank stock	\$1,001 - \$15,000	01 - 000	None	NONE	
	Schwab Value Advantage	\$15,001 \$50,000	001 - 000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name THOMAS STUART PRICE PERRIELLO

Page 3 of 3

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
Access Group, The Student Loan People, Lousiville, KY	Creditor
Student Loans	Type of Liability
\$50,001 - \$100,000	Amount of Liability