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Yes No X	t child because anduct.	sactions, or liabilities of a spouse or dependen with the Committee on Standards of Official Co	l" income, trans irst consulted v	EXEMPTION —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.
not Yes No No	ed trusts" need	s of Official Conduct and certain other "excepte pouse, or dependent child?	e on Standards ng you, your sp	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?
E QUESTIONS	OF THESI	MATION - ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ion in this part must be answered and the schedule attached for each "Yes" response.	must be a led for eac	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	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 No	r arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a 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.
res No	or before the d		□ No	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 No	(td receive any in the reporting		§ ⊠	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 No X	ld receive any gregating more	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)? If yes, complete and attach Schedule VI.	Š X	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 Yes
		OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	e Termination Termination	Officer or Employee	Filer Status Member of the U.S. State: 4 House of Representatives District: 4 Type Member of the U.S. State: 4 House of Representatives District: 4 Annual (May 17, 2010)
2019 MAY 24 PM 4: 35	MC 201	Daytime Telephone: (202)225 −SSY ו	Daytime T	Name: James Andrew (Alway)
MAY 1 7 2010	~	Form A For use by Members, officers, and employees	ME N	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME SP, ဌ 00 Frankly Mark 5. 5. Asset and/or Income Source BLOCK A *OPS 3 F (40) K 3 None Œ \$1 - \$1,000 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 ٥ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None = \$1 - \$200Fred Amount of Income ≡ \$201 - \$1,000 ₹ \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 \<u>\</u> \$15,001 - \$50,000 \$50,001 - \$100,000 $\bar{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 \succeq Over \$5,000,000 Page Transaction BLOCK E m ζO ,TD

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

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Continuation Sheet (if needed) SP, JT Columbia ဌ DC. 5 Asset and/or income Source fise Holk - Jewison 20120 こうも 412 7000 Putrochiery サゼア 1 2002 1999 2885 5 ➣ None Œ \$1 - \$1,000 Ö \$1,001 - \$15,000 Ö \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 a \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Bes ison Other Type of Income = 2 ~ -(Specify) ξ None \$1 - \$200 Amount of Income \$201 - \$1,000 V V VI VII VIII IX X \$1,001 -- \$2,500 BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 ~ \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page Transaction BLOCK E மு.வ

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Asset and/or income Source

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None

\$1 -- \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

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\$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

Over \$50,000,000

NONE

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Value of Asset

Year-End BLOCK B

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Transaction BLOCK E

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contributed to charity software co. located in DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 BLOCKD \$2,501 ~ \$5,000 \$5,001 ~ \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000

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SCHEDULE IV - TRANSACTIONS

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Page 6 of

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equired.				 X			6 5	X	X	X							PURCH	ASE	1	of Tra
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02										-					L		EXCHAI	NGE		ion
contribution t																	Check Bo Gain Exce	x if Ca eeded :	pitai \$200	
to charity				10.14.09	10.13.09	10.13.09	10.13.00	02.10.09	02-10-09	02-10-09	01-13-09	64-14-09	01-13-09	01-13-09	10-12-09		Monthly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
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SCHEDULE V- LIABILITIES

Name James Three

Page 7 of 9

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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 Example: First Bank of Wilmington, Delaware	r, Del	\$10,001- \$15,000 CD	\$15,001- \$50,000	\$50,001- \$100,000	× \$100,001- \$250,000 m	\$250,001- \$500,000 TO	1 0 0 0 0 0 1 THE	\$500,001- \$1,000,000 Ω		\$5,000,000 — \$5,000,001 — \$25,000,000	\$5,000,000 -
1	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		1 1			×	×	×	×	×	×
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SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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 paid directly by the sponsor or were paid by you and reimbursed 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)	City of Departure - Destination - City of Return	(Y/N) Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		Z	None
LAMITIPIES.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
Americante	American I crowd Education Foundation Ave. 8-16	N. 8-16	Newark - Tel Aviv- Neward	۲	۲	7	None
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Name James Husel

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

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			Alvisory Bound Hambu Greaming &	Director	Position	
			Allians For Ed	Fairfield County Commenty Foundation	Name of Organization	

SCHEDULE IX—AGREEMENTS

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

Date			
Parties To			
То			
:			
Terms of Agreement			
reement			