

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**MAR 04 2011**

Name: Melissa L. Bean

Daytime Telephone: 847-382-5978

LEGISLATIVE RESOURCE CENTER

2011 MAR 10 PM 1:03

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

*FM*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IL</u> District: <u>08</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
	Report Type	<input type="checkbox"/> Annual (May 17, 2010)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination
				Termination Date: <u>1-3-2011</u>

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

**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 \$335 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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" 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 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 ☐ No ☒

**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.  
 Yes ☐ No ☒



# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Melissa L. Bean

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
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 asset or source 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.		Indicate 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 during the reporting year and is included only because it 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 calendar year.						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.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	
SP, DC, JT	SP, DC, JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	S (partial)	
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$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		
	SP Mega Corp. Stock																																
	Simon & Schuster																																
	1st Bank of Paducah, KY Accounts																																
	Indefinite																																
	Apple, Inc.		X																														
	Cardinal Health		X																														
	Carefusion Corp.		X																														
	Cisco Systems, Inc.		X																														
	General Electric		X																														
	JP Morgan Chase		X																														

If only a portion of an asset is sold, please indicate as follows:  
(S) (partial)  
See below for example.  
  
P,  
S,  
E

# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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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
SP,	DC,	A	B	C	D	E	F	G	H	I	J	K	L						I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
JT		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$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	
	Microsoft Corp.		X												X																	
	Mylan Inc		X												X																	
	Teva Pharmaceutical		X												X																	
	Verizon Comm.		X												X																	
	Walgreen Company		X												X																	
	Alliance Bernstein FDS Ig Corp		X												X																	
	Income FD Amer Inc.		X												X																	
	Nokia Corp.		X												X																	
SP	Cardinal Health Inc		X												X																	
SP	Canefusion Corp		X												X																	
SP	Cisco Systems		X												X																	
SP	Microsoft Corp		X												X																	
SP	Nokia Corp		X												X																	
SP	Apple Inc.		X												X																	
SP	Merck & Co., Inc.		X												X																	
SP	Mylan Inc.		X												X																	
SP	Teva Pharmaceutical		X												X																	
SP	Verizon Comm.		X												X																	
SP	Walgreen Company		X												X																	
SP	Apple Inc		X												X																	

P, S, E

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**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

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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 other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

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

[illegible]

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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

[illegible]