A \$200 against than 30 or a dependent child receive anyting period (i.e., aggregating more seempt)? Inch Schedule VII. Or a dependent child receive anyting period (i.e., aggregating more source)? Inch Schedule VIII. Or a dependent or travel in the reporting seements for travel in the reporting seements for travel in the reporting seement or arrangement or schedule VIII. Ortable agreement or arrangement or schedule IX. In in this part must be nedule attached for each schedule attached for each seement or dependent child because or dependent child because or dependent child because of Official Conduct.	EXEMPTION —Have you excluded from this report any other assets, "uneamed" 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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	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.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "uneamed" 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.	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.	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 No If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION - ANSWER EACH OF THES	Filer Status Member of the U.S. State: Officer or Status House of Representatives District: Employee Report Annual (May 17, 2010) Amendment	Name: TETER WELC 5 Daytime		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
2010 JUN 15 2010 JUN 15 2010 JUN 15 2010 JUN 15 2010 Penalty shall I gainst anyone who han 30 days late. ceive any resceive any resceive any resceive answered a for each "Yes" rescent aust be answered au	ansactions, or liabilities of a spouse or dependent ch d with the Committee on Standards of Official Condu	ds of Official Conduct and certain other "excepted tr spouse, or dependent child?	- ANSWER		IX. Did you have any reportable agreement or arr with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or to filing in the current calendar year? If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child re reportable travel or reimbursements for travel in t period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child re reportable gift in the reporting period (i.e., aggreg than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	THESE QUESTIONS	Employing Office: Termination Date: Termination			Form A For use by Members, officers, and employees	
PH 3: 46 PH 3: 46 PH 3: 46 W No X	because Yes	Yes	THESE QUESTIONS	ust be answered and the droing for each "Yes" response.	Yes No	Yes	eceive any he reporting Yes	Yes		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	CT SECOND TO THE SECOND	2010 JUN 15 PH 3: 46	Cold Little needbace on Mark	DELIVERS /8

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SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

Source Type Am	Туре	Amount
		\$6,000
State of Maryland		\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
500126 ST. 0F H	LEG. PAY	10,478
Sharow ACKOHMY (Spouse)	Texchino	2,88)

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

							N.A.	Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source
	1000							Article	Speech	Activity
	A STATE OF THE STA							Aug. 13, 2009	Feb. 2, 2009	Date
								\$500	\$2,000	Amount

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•	1 Shopes villing	RITE Ald	MI CROSOFT	147	1 SHARES BAAZIL	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	provice 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 you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and 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.	BLOCK A 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 asset or sources of income which generated more than \$200 in "uneamed" 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 evercised, to select the specific investments).
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	MAY.	488	100		18.8		ā	33	\$1 \$1,000	BLOCK B Value of Asset 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."
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11,00		A.W.Y.							NTEREST	BLOCK C Type of Inc ck all columns th ement plans or acc allow you to chu stments, you may v ther assets incluc the appropriate dends and interes ted, should be liste ck "None" if asset any income during o
	1	~	-	7	7	T		×	CAPITAL GAINS	BLC
			N. A.						EXCEPTED/BLIND TRUST	BLOCK C e of Inco lumns the lumns or acc ou to che you may w ts Includ type of inco propriate d Interest id be liste of during o
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income 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.
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	<u> </u>	1,50,13	1 31/5		1 19432 1	_	<u> </u>	_	\$2,501 – \$5,000 <	BLOCK D Armount 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 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.
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	P, 5(AAA)	PS(FART)		7,5(PMA)	P. 5 (FAM)			S (partial)	If only a portion of an asset Is sold, please indicate as follows: (S) (partlal) See below for example. P, S. E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Page 5 of 18

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)		5	<u> </u>		Z	Ö	-	S	<u> </u>	<u> </u>								<u> </u>	Name				1		. 1	.			Page	
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SCHEDULE III — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME (if needed)	Name	P	Page 9_ of 18
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
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SCHEDULE III — ASSETS / Continuation Sheet (if needed)	Asset and	DC,		NOTTHERN		HONSENOLD	1, IMI		0 m C x 0.		-													
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Page 1 201/6	BLOCK E Transaction	ம். லிய																						

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SCHEDULE IV- TRANSACTIONS

Name

Page 1 4 of 18

	Type of Transaction	Type Insac	tion		Date			Αm	nud	of 1	rans	Amount of Transaction	9		
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (i.e., "partial sale"). See example below.	CHASE		HANGE	Box if Capital exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or) <u>(</u>					001- 000 ≖			0,000 ㅈ
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.	PURC	SALE	EXCH		Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000	\$25,000 \$50,000	Over \$50,000
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1 SMARRES UTIL CALLS

SCHEDULE IV - TRANSACTIONS

Name

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Cantial Caine — If a calce transaction reculted to a canital cain in excess	cate (i.e., "partial sale"). See example below.	ates rental income. If only a portion of an asset is sold, please so indi-	dren, or the purchase or sale of your personal residence, unless it gener-	action. Exclude transactions between you, your spouse or dependent chil-	resulted in a capital loss. Provide a brief description of any exchange trans-	eny neid for investment that exceeded \$1,000. Include transactions that	or dependent child during the reporting period of any security or real prop- of Transaction	Report any purchase, sale, or exchange transactions by you, your spouse,
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SCHEDULE IV - TRANSACTIONS

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Capital Cof \$200, c	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.	PURCH	SALE	EXCHA	Check Bo Gain Exc	Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000 \$100,001-	\$250,000 \$250,001-	\$500,000 \$500,001- \$1,000,00	\$1,000,00 \$1,000,00 \$5,000,00	\$5,000,00 \$25,000,00	\$25,000,0 \$50,000,0
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SCHEDULE V- LIABILITIES

Name Page 17 of 16

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,	Creditor	Type of Liability	\$10,001- w \$15,000 w	\$50,000 C \$50,001- \$100,000 D	\$100.004	\$250,000 m \$250,001- \$500,000 m \$500,000 m \$1,000,000 G	\$500,001- \$1,000,000 ជា	\$5,000,000	\$5,000,001- \$25,000,000 - \$25,000,001-	\$50,000,000 - Over \$50,000,000 -
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	30.00	17.5	×	27.00		7.7	100	
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SCHEDULE VI — GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. 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 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

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

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 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 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

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 or were paid by you and reimbursed by the sponsor.

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	Lodging? (Y/N)	Food? (Y/N)	was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
Nati Aun of	11/16	DC-chicago. DC	N	K	N	0
Rec. VTIL COMM	-					
New AMERICA FIND	625-28	DC - TEL AVIV- IDC	y	Y	N	0
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