₹ X 2	because	pouse, or dependent child? sactions, or liabilities of a spouse or dependent with the Committee on Standards of Official Cor	ng you, your si income, transitist consulted v	be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? 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.
SNOI	NSWER EACH OF THESE QUESTIONS and certain other "excepted trusts" need not yes N	MATION — ANSWER EACH C	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE (TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not
and the esponse.	must be answered ed for each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No U	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.
	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	ĕ X	N. 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.
ĕ ∀	or before the date Yes	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.	No X	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.
™	d receive any in the reporting Yes	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.	×	II. Did any individual or organization make a donation to charity in lisu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
 ∑	receive any regating more Yes	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.	No No	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
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH (
wild nies more	than 30 days late.	Termination Date:		Report X Annual (May 17, 2010) (X) Amendment
be assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Filer X Member of the U.S. State: MP Status X House of Representatives District: 00
P11 12: 27	2010 JUL 13 PM 12: 27	Telephone: (202)225-2646	Daytime 1	Name: GREGORIO KILILI CAMACHO SABLAN
Page 1 of	HAND Pag	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name	
CAMACHO SABLAN	GREGORIO KILILI
Page	
of	

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.

Exclude: williary pay (such as National Guard of Reserve pay), rederal retirement programs, and benefit	Delients received under the oppial permity act.	curity Act.
Source	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
	Spouse Salary	NA
Member Salary, U.S. House of Representatives		
DFS (Saipan), Ltd.	Spouse Salary	\$33,387.00

_		
	Name	•
	GREGORIO KILILI CAMACHO SABLAN	
	Page	

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

٠,

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 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.

College : S. College : C. Colle			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
			,

						Ţ	ဥ	SP,	provide each reporting not sel accour period traded of its Block instruct Exclusion there is your state parent less in Goven If you or incodepenn option	duce excodulation land land land land land land land lan	
Lot. 005 #01 Saipan	TRP Equity Inc. Adv	Spartan 500 Index	Fidelity Magellan	FID Intl Discovery	FID Freedom 2030	1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	provide the value and income information on each asset in the account that exceeds the 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.	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 pendod, 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 exercised, to select the specific investments).	BLOCK A
$\overline{\mathbf{v}}$					<u>. </u>	Ľ.	_				
- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		YEA	AN GAS			-	-	\vdash	Notice Section 1997	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."	
40000	<u> </u>	<u>~</u>	×	×	×		D D	-		cate ortin hod se : ass : ass : ass : arrange of the control of th	- 1
. A. 10	\sim				 ``	┢	Indefinite		\$1,001 - \$15,000 C \$15,001 - \$50,000	g y otl spen set set nd i	l
	237	<u>`</u>	11.65		 		-	X	<u> </u>	Value year. other to becify the transition is incorrectly and the control of the	
111		7.5		10 (10 feb.) 10 (10 feb.)	-	\downarrow	-	\Box	\$50,001 T \$100,000	Value of Asset alue of asset a ear. If you use a car than fair macify the method uning the sincluded only income, the value	ВΕ
	.ày		44.44.0	1 - 77 -	-	F	_		1 4 1 0 0 1 0 1 0 4 2 5 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	you me dec	BLOCK B
51 11 (51)					1 1 1 1 1	╁	-	1::	\$250,001 - \$300,000	Ass sse air air air air or or	œ
1000.01			<u> </u>	1 450	 	╁	 	-	Ψασο,θοτ - Ψτ,θοο,σοο	of Asset of asset at close of If you use a valuation than fair market value, the method used. sold during the reporting cluded only because it me, the value should be	
	Night.	177		141	13:11 5	┢	-		\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	t cl sed t cl sed sed sh	1
7.5			_	1.33,5		-	-		40,00,001. 420,000,000	close valuat (et val) ed. report report should shou	
7,745	3	7. P. V.		1775. 4.		\vdash	1		ψεο,οοο,οο γ — ψοο,οοο,οοο	tition tition fing	- (
		4.55%		1,7157		╀	-				
10,4614		<u> </u>	-	11/11/11	100000	├	 		NONE	Che inversion of the control of the	i
10,330	- -	<u> </u>		·	N. S.	E		×	DIAIDENDS MADE AND	Check all Check all retirement mot allow investment all other a lindicate the lindicate the lindicate the lindicate the lindicate the lindicate the lindicate any income are any income lindicate.	
Maria	100		-		70.75	Ľ	1 11.	-	RENT	all yaw all the ents the shock shock the income and a shock the income a shock the income and a shock the income and a shock the income a	١
A4.	1,13			4 T L T	<u> </u>	╀	<u> </u>			pe colu vou you you you you you you you you you y	œ
	ļ	ļ	 .	1	1-20-25	╀	-	×	CAPITAL GAINS	Check all columns it retirement plans or ac not allow you to ch investments, you may all other assets incluindicate the type of incluing the appropriate Dividends and interest vested, should be list Check "None" if asset ate any income during	BLOCK
1				1 (3)			Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 IFAs, 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.	χ O
									None -	9 다 들은 그 그 그 글 글 그	
P. S			-32.	11-45	V 355.5	T	1		\$1 - \$200	Amol Amol Amol For retirement pot allow you is ments, you may for all other as indicate the checking the Dividends and vested, should Check "None" or generated.	
						T			\$201 - \$1,000	A yo oth ndg indg	
.;				55.11.		T	1	×	\$1,001 - \$2,500	ment you ment an er as the the the san shoul one one one ted.	
						T	1	Ī	\$2,501 - \$5,000 <	plan plan ssen	멀
16.5			1.0	111	421	×			\$5,001 \$15,000 ≤	ns constitution of the con	вгоск в
				1	1	T	T	T	\$15,001 ~ \$50,000 §	y ac yse : y	ô
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				. 3		1			\$50,001 - \$100,000 <u>≦</u>	Amount of Income ament plans or accounts w you to choose specific you may write "NA" for ither assets, including a the category of ince the appropriate box ds and interest, even should be listed as i None" if no income was ated.	
			1	T		T	×		\$100,001 - \$1,000,000 \(\sigma \)	mis 1	
			14,14%			T			\$1,000,001 - \$5,000,000	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 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.	
		<u> </u>			Ī	T	Т		Over \$5,000,000 ×	8 5 5 5 5 6 8 6 8 6 8 6 8 6 8 6 8 8 6 8 8 8 8	
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Iransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E