		EXC		<u> </u>			====	=	: ·			PRE	1	刀	18 H				CAL	
Exemptions	Trusts	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	If yes, complete and attach Schedule 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 IV	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	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.	If yes, complete and attach Schedule 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 I.	Did you or your spouse have "earned" income (e.g., salarles or fees) of \$200 or more from any source in the reporting period?	PRELIMINARY INFORMATION	Туре	Report	Filer Status				VITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
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ave you ex	Details rega trusts" need	SPOUS	attach Scl	reporting p	attach Scl	r dependent nsaction ex	r a depende porting per end of the p attach Scl	attach Scl	janization n rance, or ar	attach Sci	have "earne in the repo	FORM.	Annual (May 15)		Member of the U.S House of Represer		1		ES HC	
Have you excluded from this report any other assets, "unearned" income, transactions, or lice because they meet all three tests for exemption? Do not answer "yes" unless you have first	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, DEF	hedule V.	nt child hav period?	hedule IV.	t child purc ceeding \$1,	nt child rectiod or hold period?	nedule II.	nake a dona ticle in the i	nedule I.	d" income orting perio	ATION	ay 15)		Member of the U.S. House of Representatives	(Dona)USE	
om this re	ialified Bli	ENDE		⁄e any repo		hase, sell, c	eive "unear any reporta		ition to chai reporting po		(e.g., salari d?	ANS	<u> </u>		tatives	(Full Name)	Donald M. Payne		OF RI	
port any c	ind Trusts Have you	NT, OF		rtable liabili		or exchange the reportir	ned" incom ible asset w		rity in lieu o eriod?		es or fees)	ANSWER EACH	Amendment		State: NJ District: 10	. !	lyne	1	EPRE	
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sactions, you have	dards of (- ANS	edule at	Each question	If yes, complete an	ou have any ?	Did you hold any report current calendar year? If yes, complete and	, complet	Did you, your spouse, reimbursements for tr from one source)?	If yes, complete an	Did you, your spouse, the reporting period (i	SNO		Termination					FORM A	
or liabiliti first cons	Official Co st benefiti		tached i		e and atta	reportable	reportable year? e and atta	If yes, complete and attach Schedule VII	ouse, or a d for travel in I?	e and atta	ouse, or a d iod (i.e., ag			ation Date:	Employi				FORM A Page 1 of 7 For use by Members, officers, and employees	
abilities of a spouse or dependent consulted with the Committee on	nduct and	ACH O	for each	is part r	d attach Schedule IX.	agreement	rtable positions on or befu P d attach Schedule VIII.	ich Sched	ependent c	d attach Schedule VI	ependent c gregating n			Ō	ploying Office	(Daytime Telephone)	202-225-3436		officers,	
ouse or c	d certain	F THE	"Yes"	nust be	ule IX.	t or arrange	on or before	ule VII.	hild receiving period	luie VI.	hild receiv				, in the second	elephone)	5-3436		Pa and em	
abilities of a spouse or dependent child consulted with the Committee on	ial Conduct and certain other "excepted nefiting you, your spouse, or dependent	R EACH OF THESE QUESTIONS	schedule attached for each "Yes" response	in this part must be answered and the appropriate		Did you have any reportable agreement or arrangement with an outside entity?	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.	1	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)?		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)?								Page 1 of 7 employees	
child	epted ent	ESTIO	e.	ed and t		an outside	f filing in th		table travel e than \$335		table gift in t otherwise		iate	mor	A \$25	<u> </u>				l
Yes	Yes 🗌	SN		the app		Yes	e Yes		or Yes		Yes			more than 30 days	A \$200 penalty shall be assessed against	(Office Use Only)	2010 MA)	GISI ATIV	۵	
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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), debt owed to you by your spouse, or by your or your spouse's child, a fair market value exceeding \$1,000 at the end of the reporting period, in the optional column on the far left. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal its activities, and its geographic location in Block A. For additional plans that are not self-directed, name the institution holding the account mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or Government retirement programs. Exclude: Your personal residence(s) (unless there is rental income); any that is not publicly traded, state the name of the business, the nature of and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans and (b) any other assets or sources of income which generated more Identify (a) each asset held for investment or production of income with information, see the instruction booklet. land, provide a complete address. Provide full names of stocks and .DULE III - ASSETS AND "UNEARNED" INCOME Asset and/or Income Source Stock Stock Prudential Stock CitiStreet in 2008) MetLife Annuity (listed as Merck Stock Medco Health Solutions, Inc Laser Master International 19 Bock Avenue, Newark, NJ **BLOCK A** \$50,000 valuation method other year. If you use a \$50,000 \$15,001 -\$100,001 -\$15,001 -\$1,001 - \$15,000 \$1 - \$1,000 \$250,001 the value should be it is generated income, asset was sold and is please specify the at close of reporting \$250,000 \$500,000 included only because method used. If an than fair market value, Value of Asset Year-End Name Donald M. Payne **BLOCK B** None None may write "NA". For all DIVIDENDS Dividends and Interest, Check all columns that DIVIDENDS RENT during the calendar year. not generate any income Check "None" if asset did be listed as income. even if reinvested, should appropriate box below. income by checking the IRAs, indicate the type of other assets including all specific investments, you not allow you to choose plans or accounts that do apply. For retirement INTEREST Type of Income BLOCK C NONE NONE \$201 - \$1,000 \$15,001 - \$50,000 of income by checking the \$5,001 - \$15,000 \$201 - \$1,000 earned or generated if reinvested, should be Dividends and interest, even appropriate box below. other assets, including all "NA" for income. For all you to choose specific accounts that do not allow For retirement plans or "None" if no income was listed as income. Check IRAs, indicate the category investments, you may write Amount of Income BLOCKD \$1,000 in exceeding reporting year. exchanges (E) (P), sales (S), or Transaction had purchases Indicate if asset BLOCK E Page 2 of 7

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JULE III - ASSETS AND "UNEARNED" INCOME Smith Barney Small Cap Smith Barney CG Large Cap Growth Wells Fargo Stock Smith Barney Small Cap Value Growth Markets International Equity Smith Barney CG Capital Market Large Cap Value Program Smith Barney Bank Deposit World Space Stock Smith Barney CG Capital Smith Barney CD Schering Plough Corp. Stock \$15,001 -\$50,000 \$15,001 -\$50,000 \$15,001 -\$50,000 \$15,001 -\$50,000 \$15,001 -\$50,000 None \$1 - \$1,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 None Name Donald M. Payne DIVIDENDS DIVIDENDS None None DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS INTEREST NONE NONE NONE \$1 - \$200 \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$1 - \$200 T v ס U Ш Page 3 of 7

SCHEDULE IV - TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented Name Donald M. Payne Page 4 of 7

SP, DC, DC, DC, DC, DC, DC, DC, DC, DC, DC	out. If on	out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below	ırtial sale"). See example b	elow.	,	
riger E Yes 11-05-09 S No 12-04-09 9 - 03-04-10) P N/A 02-26-09 9 - 12-04-09) P N/A 02-26-09 No 02-27-09	SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$2007	Date	Amount of Transaction
S No 12-04-09 S No 06-11-09 9 - 03-04-10) P N/A 02-26-09 9 - 12-04-09) S N/A 02-26-09 S No 02-27-09		Schering Plough/Merck Merger	Е	Yes	11-05-09	\$1,001 - \$15,000
9 - 03-04-10) P N/A 02-26-09 9 - 12-04-09) P N/A 02-26-09 S No 02-27-09		Smith Barney CD Maturity	S	N _o	12-04-09	\$15,001 - \$50,000
9 - 03-04-10) P N/A 02-26-09 19 - 12-04-09) P N/A 02-26-09 S No 02-27-09		Smith Barney CD Maturity	S	No	06-11-09	\$15,001 - \$50,000
9 - 12-04-09) P N/A 02-26-09 S No 02-27-09	İ	Smith Barney CD (03-04-09 - 03-04-10)	٥	N	02-26-09	\$1,001 - \$15,000
S No 02-27-09		Smith Barney CD (03-04-09 - 12-04-09)	ט	N/A	02-26-09	\$1,001 - \$15,000
	1	Smith Barney CD Maturity	S	No	02-27-09	\$15,001 ~ \$50,000

SCHEDULE V - LIABILITIES

Name Donald M. Payne

Page 5 of 7

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
Sovereign Bank	Smith Barney	Creditor
Home Equity Loan on 21 Bock Avenue, Newark, NJ	Loan	Type of Liability
\$100,001 - \$250,000	\$15,001 - \$50,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Donald M. Payne

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Id for travel and travel-related expenses totaling more than \$335 received by you,

a family member accompanied the traveler at the sponsor's expense, and the

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, 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 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

None	~	~	~	Aug. 17-22 Newark, NJ - Calgary - Newark, NJ	Aug. 17-22	The Aspen Institute
						Education and Leadership Institute (Rep. Payne paid for air fare via campaign funds)
None	Z	~	~	Aug. 13-16 Washington, DC - Tunica, MS - Newark, NJ	Aug. 13-16	Congressional Black Caucus Political
None	~	~	~	Feb. 14-20 New York City - Aman, Jordan - New York City	Feb. 14-20	The Aspen Institute
Days not at sponsor's expense	Was a Family 19? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging?	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE VIII - POSITIONS

Name Donald M. Payne

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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 any business enterprise, any nonprofit organization, any labor organization, or any honorary nature; and positions listed on Schedule I. educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
Member, Board of Directors	Congressional Black Caucus Foundation, Inc.
Member, Baord of Directors	Discovery Channel Foundation
Member, Board of Directors	Friends and Families United, Inc.
Member, Board of Directors	Newark Day Center
Member, Board of Directors	Newark Project GRAD
Member, Board of Directors	University Heights Science Project
Member, Board of Directors	YMCA of Newark and Vicinity (Newark YMWCA)