

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

Name: **DEANIS J. KUCIOWICZ**

Daytime Telephone: **202-225-5071**

**HAND  
DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
2010 MAY 13 PM 5:39  
OFFICE OF THE CLERK  
U.S. HOUSE (Office Use Only)

|              |   |                                    |                                      |  |                   |
|--------------|---|------------------------------------|--------------------------------------|--|-------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <b>Ohio</b>                 | District: <b>10th</b>                | <input type="checkbox"/> Officer or Employee | Employing Office: |
| Report Type  | <input checked="" type="checkbox"/> Annual (May 17, 2010)                       | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Termination Date:                            |                   |

**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?<br>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)?<br>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?<br>If yes, complete and attach Schedule II.  | Yes <input checked="" type="checkbox"/> No <input 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)?<br>If yes, complete and attach Schedule VII. | Yes <input checked="" type="checkbox"/> No <input 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?<br>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?<br>If yes, complete and attach Schedule VIII.  | Yes <input type="checkbox"/> No <input checked="" 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?<br>If yes, complete and attach Schedule IV.                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>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?<br>If yes, complete and attach Schedule V.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>  |   |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

|   |   |
|---|---|
| <b>TRUSTS</b> —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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>EXEMPTION</b> —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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Name **DEANUS J. KUCIUCH** Page **2** of **6**

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

**For payments to charity in lieu of honoraria, use Schedule II.**

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.

**This page may be copied if more space is required.**

# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name **DEJUNIS J. KUCIWIAT**

Page **4** of **6**

| BLOCK A<br>Asset and/or Income Source   |            |  | BLOCK B<br>Value of Asset   |               |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   |      | BLOCK C<br>Type of Income  |      |          |               |                      | BLOCK D<br>Amount of Income   |      |             |                 |                   |                   |                    |                     |                      |                         |                           | BLOCK E<br>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.<br><br>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. |         |
|   |            |  | 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<br>(Specify: For Example, Partnership Income or Farm Income)   | I    | II          | III             | IV                | V                 | VI                 | VII                 | VIII                 | IX                      | X                         | XI  | P, S, E |
|   |            |  | 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, DC, JT  | SP, DC, JT | Examples: Mega Corp. Stock<br>Simon & Schuster<br>1st Bank of Paducah, KY Accounts |   |               |                    |                     |                      | X                     |                       |                         |                           |                            |                             |                   |      | X  |      |          | X             |                      |   |      |             |                 | X                 |                   |                    |                     |                      |                         | X                         |   |         |
|   |            | American Capital Code  |   | ✓             |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   |      | ✓  |      |          |               |                      |   |      |             |                 |                   |                   |                    |                     |                      |                         |                           |   |         |
|   |            | Third Federal Savings Plan   |   |               | ✓                  |                     |                      |                       |                       |                         |                           |                            |                             |                   |      |  |      | ✓        |               |                      |   |      |             |                 |                   | ✓                 |                    |                     |                      |                         |                           |   |         |
|   |            | Coxs. Fed. Credit Union  |   | ✓             |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   |      |  |      | ✓        |               |                      |   |      |             |                 |                   |                   |                    |                     |                      |                         |                           |   |         |
|   |            | SP HBSL Savings  |   |               | ✓                  |                     |                      |                       |                       |                         |                           |                            |                             |                   |      |  |      | ✓        |               |                      |   |      |             |                 |                   |                   |                    |                     |                      |                         |                           |   |         |

Name Dennis J. Kucanich Page 5 of 6

[illegible]

5/12/10

To Whom it may Concern,

Previous reports referred to two entities on Schedule II, i.e., Hana Holding and Digital News Reel. These entities were defunct in 2009 and termination reports have been filed with the IRS, and no other activity has or will occur with respect to these entities.

Accordingly, the "member" positions previously listed on schedule III no longer exist. Thank you.

Dennis J. Keenish