

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

**FORM A** Page 1 of 12  
For use by Members, officers, and employees

Clifford B. Stearns

(202) 225-5744

(Full Name)

(Daytime Telephone)

**Filer Status**  
☒ Member of the U.S. House of Representatives

State: FL  
District: 06

☐ Officer Or Employee

Employing Office:

**Report Type**  
☒ Annual (May 15)

☐ Amendment

☐ 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? 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 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? 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 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 checked="" type="checkbox"/> No <input 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

<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>Exemptions--</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"/>

**HAND DELIVERED**  
(Office Use Only)

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LEGISLATIVE RESOURCE CENTER

# SCHEDULE I - EARNED INCOME

Name Clifford B. Stearns

Page 2 of 12

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

Source	Type	Amount
Central Florida Community College	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 3 of 12

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 assets or sources 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.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; 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 B Year-End 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 and its included only because it is generated income, the value should be "None."	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 the calendar year.	BLOCK D 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.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Alarion Bank Stock	\$1,001 - \$15,000	None	NONE	
American Express Company	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Bank of America Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
CD Alarion Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Congress Federal Credit Union Checking Account	\$1,001 - \$15,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 4 of 12

First Silver Springs, Inc (a 100% owned C-Corporation in Silver Springs, FL: Cash, other receivables, investments and debt)

		\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Florida Retirement System (Vested in 2006)	\$50,001 - \$100,000	N/A	N/A	
	Grantham University Common Stock	\$15,001 - \$50,000	None	NONE	
	Harris Corporation	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	ING 403(b) Plan: Evergreen Special Values Fund - A	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
SP	ING 403(b) Plan: ING Pioneer Eq Inc Port - Instl	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
SP	ING 403(b) Plan: ING VP Money Market Portfolio - I	\$1,001 - \$15,000	DIVIDENDS	NONE	P
SP	ING 403(b) Plan: Oppenheimer Developing Mkts Fund - A	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$1,001 - \$2,500	P
SP	ING 403(b) Plan: Wanger Select	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
SP	ING 403(b) Plan: Fixed Plus Account II	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$1 - \$200	P
SP	ING 403(b) Plan: ING Pioneer High Yield Port-Init	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$2,501 - \$5,000	P
SP	ING 403(b) Plan: ING The Growth Fund of America - R4	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
	KeyCorp	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 5 of 12

	Mobil-Exxon Corporation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200		
	Regions Bank (Formerly AmSouth) - Joint Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200		
	Rental Building (Marina Towers) Alexandria, Va	\$250,001 - \$500,000	GROSS RENT	\$15,001 - \$50,000		
	Rental Building (Marina Towers) Alexandria, VA (continued)	None	Memo: Rent (net of expenses)	NONE		
	Rental Building (Matanza Cut Subdivision) St. Augustine, FL	\$1,000,001 - \$5,000,000	GROSS RENT	\$5,001 - \$15,000		
	Rental Building (Matanza Cut Subdivision) St. Augustine, FL (continued)	None	Memo: Rent (net of expenses)	NONE		
	Rental Building (Old Town Gateway Townhouse) Alexandria, VA	\$500,001 - \$1,000,000	GROSS RENT	NONE		
	Rental Office; 2950 NE 55th Ave, Silver Springs, FL	\$100,001 - \$250,000	GROSS RENT	\$5,001 - \$15,000		
	Rental Office; 2950 NE 55th Ave, Silver Springs, FL (continued)	None	Memo: Rent (net of expenses)	NONE		
	Rental Restaurant; 5545 E. Silver Springs Blvd, Silver Springs, FL	\$500,001 - \$1,000,000	GROSS RENT	\$15,001 - \$50,000		
	Rental Restaurant; 5545 E. Silver Springs Blvd, Silver Springs, FL (continued)	None	Memo: Rent (net of expenses)	\$15,001 - \$50,000		

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 6 of 12

Stearns House, Inc (an S-Corp located in Silver Springs, FL) Interest in Cash and Debt, 100%

\$15,001 - \$50,000

None

NONE

Stearns House, Inc. (an S-Corp located in Silver Springs, FL) (continued)

None

Dividends

\$1 - \$200

T Rowe Price Emerging Markets Bond

None

DIVIDENDS & CAPITAL GAINS

\$1 - \$200

S

T Rowe Price Equity Index

None

None

NONE

S

T Rowe Price High Yield

None

CAPITAL GAINS

\$1 - \$200

S

T Rowe Price Media & Telecom

None

None

NONE

S

T Rowe Price New Horizons

None

None

NONE

S

T Rowe Price Science & Technology

None

None

NONE

S

T Rowe Price SEP IRA Summit Cash Reserves

\$15,001 - \$50,000

DIVIDENDS

\$1,001 - \$2,500

T Rowe Price Spectrum Income

None

DIVIDENDS & CAPITAL GAIN

\$1 - \$200

S

T Rowe Price Summit Cash Reserves

\$100,001 - \$250,000

DIVIDENDS

\$201 - \$1,000

T Rowe Price Summit Cash Reserves (Non Retirement Assets)

\$50,001 - \$100,000

DIVIDENDS

\$201 - \$1,000

T Rowe Price Summit Cash Reserves IRA

\$15,001 - \$50,000

DIVIDENDS

\$201 - \$1,000

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Clifford B. Stearns

Page 7 of 12

	T Rowe Price Summit Cash Reserves IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	USSA Subscriber's Savings Account	\$1,001 - \$15,000	None	NONE	

# SCHEDULE IV - TRANSACTIONS

Name Clifford B. Steams

Page 8 of 12

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 out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	ING 403(b) Plan: Evergreen Special Values Fund - A	P	N/A	Quarterly	Less Than \$1,000
SP	ING 403(b) Plan: ING Pioneer Eq Inc Port - Instl	P	N/A	Quarterly	\$1,001 - \$15,000
SP	ING 403(b) Plan: ING VP Money Market Portfolio - I	P	N/A	Quarterly	\$1,001 - \$15,000
SP	ING 403(b) Plan: Oppenheimer Developing Mkts Fund - A	P	N/A	Quarterly	Less Than \$1,000
SP	ING 403(b) Plan: Wanger Select	P	N/A	Quarterly	Less Than \$1,000
SP	ING 403(b) Plan: Fixed Plus Account II	P	N/A	Quarterly	\$1,001 - \$15,000
SP	ING 403(b) Plan: ING Pioneer High Yield Port- Init	P	N/A	Quarterly	\$1,001 - \$15,000
SP	ING 403(b) Plan: ING The Growth Fund of America - R4	P	N/A	Quarterly	Less Than \$1,000
	T Rowe Price Emerging Markets Bond	S	No	03-11-09	\$1,001 - \$15,000
	T Rowe Price Equity Index Fund	S	No	02-17-09	\$1,001 - \$15,000
	T Rowe Price High Yield	S	No	02-17-09	\$15,001 - \$50,000



# SCHEDULE IV - TRANSACTIONS

Name Clifford B. Stearns

Page 9 of 12

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 out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	T Rowe Price Media and Telecom	S	No	02-17-09	\$1,001 - \$15,000
	T Rowe Price New Horizons	S	No	02-17-09	\$1,001 - \$15,000
	T Rowe Price Science & Technology	S	No	02-17-09	Less Than \$1,000
	T Rowe Price Spectrum Income	S	No	03-11-09	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Clifford B. Steams

Page 10 of 12

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	Creditor	Type of Liability	Amount of Liability
	Chase Home Finance, Columbus, OH (formerly JP Morgan Chase Bank)	Mortgage on Marina Towers Rental Alexandria, VA	\$50,001 - \$100,000
	Bank of America Mortgage Simi Valley, CA	Mortgage on Old Town Gateway Rental Apartment, Alexandria, VA	\$100,001 - \$250,000
	Regions Mortgage Hattiesburg, MS	Mortgage on Mantanza Cut Subdivision Rental Home, St. Augustine, FL	\$250,001 - \$500,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Clifford B. Steams

Page 11 of 12

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, 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 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 sponsor. 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 a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute	April 4-10	Spouse: Orlando-Valencia, Spain-DC Member: DC-Valencia-DC	Y	Y	Y	None
Telecommunications Industry Association	Aug. 3	Orlando-Palm Beach-Orlando	N	Y	N	None
Friends of Scotland (MECA)	Aug. 15-22	Orlando-Edinburgh, Scotland- Orlando	Y	Y	Y	None

# SCHEDULE VIII - POSITIONS

Name Clifford B. Stearns

Page 12 of 12

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

Position	Name of Organization
President	First Silver Springs, Inc. Ocala, FL
President	Stearns House, Inc. Ocala, FL