Yes 🖂 No 🖸	_	I. Did you, your spoot and another getter and several points and not otherwise.  I. Did you, your spoot of a getter and another and several points.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes 🕢 No 📋
		QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	more that late.	Termination Date:	Report Type  Annual (May 15)  Amendment  Termination
A \$200 penalty shall be assessed against anyone who files	A \$200 penalty st be assessed again	Officer Or Employing Office: Employee	Filer Member of the U.S. State: OH House of Representatives District: 05
Office Use Only)	.s. HOUSE OF	(Daytime Telephone)	(Full Name)
OFFICE OF THE CUTTER	065125	202-225-6405	Robert Edward Latta
2010 MAY 14 AM 10: 17	2010 MAY		
EGISI ATIVE RESOURCE CLAIL	ECISI ATIYE	For use by Members, officers, and employees	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
DELIVERSE	כבר	FORM A Page 1 of 8	UNITED STATES HOUSE OF REPRESENTATIVES
	)		

7	The state of the s	1105	K	A ICINO			•
Did you or your spouse have "earned" income (e. or more from any source in the reporting period?	g., salaries or fees) of \$200	Yes No 🖂	. <del></del>	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	<b>8</b>	Yes 🗆 No 🖸	<b>(3)</b>
If yes, complete and attach Schedule I.	trach Schedule I.	·	<b>∓</b> .9	if yes, complete and attach Schedule VI.			
Did any individual or organ you for a speech, appearan	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?  Yes	Yes D No (S)	≦ 0 = 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	Yes	Y No	
If yes, complete and attach Schedule II.	ttach Schedule II.		<b>=</b>	If yes, complete and attach Schedule VII.			
Did you, your spouse, or a dependent child more than \$200 in the reporting period or homes than \$1 000 at the rand of the period?	receive "unearned" income of hold any reportable asset worth	Yes KI No []	¥ Β. Ο	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes	Yes I No S	S
If yes, complete and attach Schedule III.	ttach Schedule III.		=	If yes, complete and attach Schedule VIII.			
Did you, your spouse, or d  reportable asset in a trans- period?	Did your your spouse, or dependent child purchase, self, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes period?	Yes KI No []	<i>\$</i> □	Did you have any reportable agreement or arrangement with an owiside entity?	ğ	Yes 📋 No 🐼	<b>(2)</b>
if yes, complete and attach Schedule IV.	ttach Schedule IV.		=	If yes, complete and attach Schedule IX.			
Did you, your spouse, or a dependent chile than \$10,000) during the reporting period?	I have any reportable liability (more	Yes 🗌 No 🐼	m ·	Each question in this part must be answered and the appropriate	appr	opriate	<b>P</b>
If yes, complete and attach Schedule V.	ttach Schedule V.		t)	schedule attached for each "Yes" response.			
XCLUSION OF SI	POUSE, DEPENDENT, OR TRUST	INFORM	ATIO	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	S		
Trusts Detaile trusts child?	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Co trusts" need not be disclosed. Have you excluded from this report details of such a trust benefit child?	y the Commit m this report	tee on s details	ing you, your spouse, or dependent	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	No C set	
Exemptions— Hav	Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first compared so Official Conduct.	not answer "y	es" uni	ies of a spouse or dependent child suited with the Committee on	es	Yes No C	

## 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) 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. Name Robert Edward Latta Page 2 of 8

Source	Туре	Amount
Bowling Green State University	Spouse Salary	N/A
Bowling Green State University Foundation, Inc.	Spouse Salary	N/A
Farmers and Merchants State Bank	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME <u>\_</u> 닠  $\exists$ 5 <u>\_</u> 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), a fair market value exceeding \$1,000 at the end of the reporting period, debt owed to you by your spouse, or by your or your spouse's child, in the optional column on the far left. Government retirement programs. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal 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 plans that are not self-directed, name the institution holding the account investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement 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 mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and than \$200 in "unearned" income during the year. For rental property or 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. its activities, and its geographic location in Block A. For additional Asset and/or Income Source Fidelity Fund Fidelity Equity Income III Fidelity Contrafund Fidelity Asset Manager 50% Fidelity Low Priced Stock Fideltiy Growth and Income BLOCK A \$15,001 -\$250,000 \$100,001 \$100,001 -\$50,000 \$15,001 \$50,000 at close of reporting \$1,001 - \$15,000 \$1,001 - \$15,000 \$250,000 than fair market value, "None." it is generated income, method used. If an please specify the year. If you use a the value should be asset was sold and is valuation method other Value of Asset included only because Year-End Name Robert Edward Latta BLOCK B DIVIDENDS TAL GAINS DIVIDENDS/CAPI **DIVIDENDS/CAPI** DIVIDENDS during the calendar year. may write "NA". For all not allow you to choose Check all columns that DIVIDENDS DIVIDENDS Check "None" if asset did even if reinvested, should Dividends and Interest, appropriate box below. income by checking the IRAs, indicate the type of other assets including all specific investments, you apply. For retirement not generate any income be listed as income. plans or accounts that do TAL GAINS Type of Income BLOCKO \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$1 - \$200 \$1,001 - \$2,500 \$1 - \$200 of income by checking the IRAs, indicate the category earned or generated. Dividends and Interest, even appropriate box below. other assets, including all "NA" for income. For all investments, you may write accounts that do not allow "None" if no income was listed as income. Check if reinvested, should be you to choose specific For retirement plans or Amount of Income BLOCK D T טר reporting year. \$1,000 in Burbeacke exchanges (E) (P), sales (S), or had purchases indicate if asset Transaction BLOCK Page 3 of 8

Vay. 13	E. 2010	11:06	PM		<del></del>	T	T	<b>7-</b> ************************************		<del></del>	No.	2576	P. 5	7 40
JT	<u> </u>	, JT	DC	DC	ŞP	71	DC	DC	SP				JT	SCHEDUL
Huntington National Bank account	Huntington National Bank account	Huntington National Bank account	US Treasury Bonds and Notes	Refcorp Zero	Farmers and Merchants Bancorp, Inc. Stock	Vanguard 500 Index Fund	Fidelity Puritan	Fidelity Puritan	Fidelity Blue Chip	Fidelity Puritan	Fidelity Value	Fidelity Equity Income II	Fidelity Puritan	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$1,001 - \$15,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$50,001 - \$100,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	E Name Robert Edward Latta
INTEREST	INTEREST	INTEREST	INTEREST	NTEREST	SGNAGIAIG	DIVIDENDS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS	DIVIDENDS	ward Latta
\$1 - \$200	\$1,001 - \$2,500	\$1,001 - \$2,500	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$1,001 - \$2,500	\$1,00 <b>1</b> - \$2,500	\$1,001 - \$2,500	\$1 - \$200	\$1,001 - \$2,500	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	

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	SCHEDUI	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Robert Edward Latta	ward Latta		Page 5 of 8
۲. 6	JΓ	KeyBank account	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
2576	JT	Fifth Third Bank account	\$50,001 ~ \$100,000	INTEREST	\$1,001 - \$2,500	
140.	J	Fifth Third Bank account	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	JŢ	Fifth Third Bank account	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	ŢŢ	National City Bank account	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
		Huntington National Bank account	\$15,001 - \$50,000	NTEREST	\$201 - \$1,000	
	SP	Farmers and Merchants State Bank account	\$1 - \$1,000	None	NONE	
	SP	ING MFS.Total Return Portfolio SVC	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	SP	Fidelity VIP Equity Inc Port Init	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	дS	Fidelity VIP Growth Portfolio Init	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
L IA.	SP	ING Index Plus MidCap Port I	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
) 11:0b	Sp	ING T Rowe Price Diver MidCap Gr i	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
13. 2019	Sp	Ohio Public Employees Retirement System-deferred benefits plan not self-directed	\$250,001 - \$500,000	Other: Pension	NONE	
Way.		Ohio Public Employees Retirement System-deferred benefits plan not self-directed	\$100,001 - \$250,000	Other: Pension	NONE	

## SCHEDULE IV - TRANSACTIONS

Name Robert Edward Latta

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

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
ĴŢ	Fidelity Asset Manager 50%	d	N/A	monthly	\$1,001 - \$15,000
4	Fidelity Equity Income II	יס	N/A	monthly	\$1,001 - \$15,000
20	Fidelity Puritan	ס	N/A	monthly	\$1,001 - \$15,000
	Fidelity Puritan	ס	A/N	monthly	\$1,001 - \$15,000
JT	Fidelity Puritan	ַני	N/A	monthly	\$1,001 - \$15,000
DC	Fidleity Puritan	ק	N/A	monthly	\$1,001 - \$15,000
JŢ	Vanguard 500 Index Fund	ס	N/A	monthly	\$1,001 - \$15,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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, Name Robert Edward Latta Page 8 of 8

spouse or dependent child that is totally independent of his or her relationship to you.	iid that is totally independer	spouse or dependent child that is totally independent of his or her relationship to you.	.,	! !		
No.	Date(s)	Point of Departure Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	tion Aug. 1-9	Detroit-Tel Aviv-Detroit	Υ	Υ	Υ	none