

**HAND
DELIVERED** 18

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

Form A
For use by Members, officers, and employees

Name: PETER WELCH

Daytime Telephone: 202-225-4115

2010 JUN 15 PM 3:46

(Office Use Only)

A \$200 penalty shall be assessed
against anyone who files more
than 30 days late.

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<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: _____

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

TRUSTS — 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"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 2 of 18

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.

[illegible]

Name _____ Page 4 of 18

For additional assets and unearned income, use next page.

57

BLOCK A		BLOCK B													BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income											Transaction
SP, DC, JT		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 (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E	
	U S AIRWAYS	None					X							X				X			X											P	
	Fid. CONTRA	\$1 - \$1,000																															
	Fid. GROWTH	\$1,001 - \$15,000	X																														
	Fid. (ASH REG.	\$15,001 - \$50,000		X														X															
	Fid. MUNI MKT	\$50,001 - \$100,000			X																												
	High YIELD (BANK)	\$100,001 - \$250,000				X																											P S (PART)
	AMERICAN AIRLINES	\$250,001 - \$500,000					X											X															P S (PART)
	1. SHARES TRIMMABLE	\$500,001 - \$1,000,000						X																									P S (PART)
	Fid. SAFARI SM. CO.	\$1,000,001 - \$5,000,000	X																														
	Fid. UTILITY	\$5,000,001 - \$25,000,000		X																													
	Fid. DUFFMAN	\$25,000,001 - \$50,000,000					X																										
	Fid. MID CAP	Over \$50,000,000																															
	Fid. CONV. SEC.	NONE																															
	Fid. LD PRICE STE	DIVIDENDS																															P S
	Fid. HIGH INC	RENT																															P S
	1 SHARES S. LEONARD	INTEREST																															P S
	SPOR SHIP 500	CAPITAL GAINS																															P S
	VANCLIFF UTIL.	EXCEPTED/BLIND TRUST																															P S
		Other Type of Income (Specify)																															

Continuation Sheet (if needed)

Page 6 of 18

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	AA	AB	AC	AD
AE	AF	AG	AH	AI
AJ	AK	AL	AM	AN
AO	AP	AQ	AR	AS
AT	AU	AV	AW	AX
AY	AZ	BA	BB	BC
BD	BE	BF	BG	BH
BI	BJ	BL	BM	BN
BO	BP	BQ	BR	BS
BT	BU	BV	BW	BX
BY	BZ	CA	CB	CC
CD	CE	CF	CG	CH
CI	CJ	CL	CM	CN
CO	CP	CQ	CR	CS
CT	CU	CV	CW	CX
CY	CZ	DA	DB	DC
DD	DE	DF	DG	DH
DI	DJ	DL	DM	DN
DO	DP	DQ	DR	DS
DT	DU	DV	DW	DX
DY	DZ	EA	EB	EC
ED	EE	EF	EG	EH
EI	EJ	EL	EM	EN
EO	EP	EQ	ER	ES
ET	EU	EV	EW	EX
EY	EZ	FA	FB	FC
FD	FE	FF	FG	FH
FI	FJ	FL	FM	FN
FO	FP	FQ	FR	FS
FT	FU	FV	FW	FX
FY	FZ	GA	GB	GC
GD	GE	GF	GG	GH
GI	GJ	GL	GM	GN
GO	GP	GQ	GR	GS
GT	GU	GV	GW	GX
GY	GZ	HA	HB	HC
HD	HE	HF	HG	HH
HI	HJ	HL	HM	HN
HO	HP	HQ	HR	HS
HT	HU	HV	HW	HX
HY	HZ	IA	IB	IC
ID	IE	IF	IG	IH
II	IJ	IL	IM	IN
IO	IP	IQ	IR	IS
IT	IU	IV	IW	IX
IY	IZ	JA	JB	JC
JD	JE	JF	JG	JH
JI	IJ	JL	JM	JN
JO	JP	JQ	JR	JS
JT	JU	JV	JW	JX
JY	JZ	KA	KB	KC
KD	KE	KF	KG	KH
KI	KJ	KL	KM	KN
KO	KP	KQ	KR	KS
KT	KU	KV	KW	KX
KY	KZ	LA	LB	LC
LD	LE	LF	LG	LH
LI	LJ	LL	LM	LN
LO	LP	LQ	LR	LS
LT	LU	LV	LW	LX
LY	LZ	MA	MB	MC
MD	ME	MF	MG	MH
MI	MJ	ML	MM	MN
MO	MP	MQ	MR	MS
MT	MU	MV	MW	MX
MY	MZ	NA	NB	NC
ND	NE	NF	NG	NH
NI	NJ	NL	NM	NN
NO	NP	NQ	NR	NS
NT	NU	NV	NW	NX
NY	NZ	OA	OB	OC
OD	OE	OF	OG	OH
OI	OJ	OL	OM	ON
OO	OP	OQ	OR	OS
OT	OU	OV	OW	OX
OY	OZ	PA	PB	PC
PD	PE	PF	PG	PH
PI	PJ	PL	PM	PN
PO	PP	PQ	PR	PS
PT	PU	PV	PW	PX
PY	PZ	QA	QB	QC
QD	QE	QF	QG	QH
QI	QJ	QL	QM	QN
QO	QP	QQ	QR	QS
QT	QU	QV	QW	QX
QY	QZ	RA	RB	RC
RD	RE	RF	RG	RH
RI	RJ	RL	RM	RN
RO	RP	RQ	RR	RS
RT	RU	RV	RW	RX

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 2 of 16

BLOCK A		BLOCK B													BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income											Transaction
SP, DC, JT		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 (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		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		
	AMERICAN NEWSPAPER			X													X					X											
	AMER. EXPRESS			X											X							X											
	EMC			X																		X											
	SUN MICRO			X																		X											
	ST. LOUIS (ASH)					X											X						X										
	McDONALD'S		X																			X											
	CITIBANK		X																			X											
	INTUIT		X																			X											
	AFIRMAL			X																		X											
	CISCO			X																		X											
	CECQ CORP			X																		X											
	PROCTOR KAMERUP			X																		X											
	TABLET			X																		X											
	UPS			X																		X											

Continuation Sheet (if needed)

Page 8 of 14

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Continuation Sheet (if needed)

9/18

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Continuation Sheet (if needed)

Page 10 of 18

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 11 of 18

BLOCK A		BLOCK B													BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income											Transaction
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
DC		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	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	Other Type of Income (Specify)	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		
JT	ARCHER DANIELS	X												X							X												
	15 YEARS GLOBAL MFT.	X												X							X												
	3 M COMPANY	X												X							X												
	AMGEN	X												X							X												
	ASTEC IND	X												X							X												
	FED. HOME LOAN	X												X							X												5
	15 YEARS FIN SECT	X												X							X												
	GOLDMAN SACHS	X												X							X												
	STARBUCKS	X												X							X												
	15 YEARS S&P 500	X												X							X												
	15 YEARS MID CAP	X												X							X												

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 12 of 12

DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income											BLOCK E Transaction						
		A	B	C	D	E	F	G	H	I	J	K	L	I		II	III	IV	V	VI	VII	VIII	IX	X	XI								
		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		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	Other Type of Income (Specify)	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
	NORTHERN BVT SELECT PORTFOLIO																																
	HOUSE HOLD FIN CORP																																
	INT'L LEASE FIN CORP																																
	VERIZON																																
	BEAR STEERNS																																
	WESTERN UNION																																
	WELLS FARGO BOND																																
	MICROSOFT HILL																																
	CATERPILLAR FIN SERVICES																																
	G.E. CAP CORP (2016)																																
	POW CHEN CO																																
	GE CAP CORP (2016)																																
	KBW INS EITF																																
	POWERSHARES TR WATER																																
	POWERSHARES WILD SWER																																

Continuation Sheet (if needed)

Page 13 of 16

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SCHEDULE IV - TRANSACTIONS

Name

Page 14 of 18

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT SP	Asset					10-12-09													
Example:	Mega Corporation Common Stock (partial sale)		X					X											
	WELLS FARGO		X			VAPR003	X												
	CITIGROUP		X			2/20	X												
	Mc DOWALLS		X			9/29	X												
	INTUIT		X			10/7	X												
	ALC		X			6/29	X												
	1 SHARES BRZIL (Part sale)	X	X		X	VAPR003					X								
	JP MORGAN (Partial sale)	X	X		X	VAPR003							X						
	LSI (Part sale)	X	X		X	VAPR003						X							
	SPDR S&P 500	X	X			1/2			X										
	1 SHARES UTIL. (XLU) (Part sale)	X	X		X	VAPR003					X								
	1 SHARES BRZIL (AUS)	X	X		X	VAPR003		X											
	JP MORGAN CHLS	X	X		X	VAPR003		X											
	1 SHARES UTIL. CHLS	X	X		X	VAPR003	X												
	AMERICAN AIRLINES (Part sale)	X	X		X	VAPR003			X										
	RITE AID (Partial sale)	X	X		X	VAPR003	X												

Page 15 of 17

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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SCHEDULE IV - TRANSACTIONS

Name

Page 14 of 18

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent child, or the purchase or sale of your personal residence, unless it generated a capital gain or loss.

Type of Transaction

Capital Gain Excess of \$200

Date

Amount of Transaction

(MO/DAY/YR) or

B

C

D

E

F

G

H

I

J

K

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT	Asset	PURCH	SALE	EXCHG	Check Box Gain Excess of \$200	MONTHLY, OR BI-WEEKLY, IF APPLICABLE	\$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
Example: Mega Corporation Common Stock (partial sale)			X			10-12-09		X								
	BRCHER DANIELS		X			6/8	X									
	1 SHARES US OIL EQUIP		X		X	10/2	X									
	1 SHARES GLOBAL MAT		X			6/16										
	SPDR MID CAP		X			9/14	X									
	3 M COMPANY		X			1/26	X									
	AMGEN		X			4/20	X									
	ASTEC INC		X			7/6	X									
	FED HOME LOAN		X		X	8/18	X									
	GOLDMAN SACH		X			4/27	X									
	1 SHARES HEALTHCARE		X			5/20		X								
	MATERIAL SECTOR SPDR		X			12/2	X									
	STARBUCKS		X			7/22	X									
	TECH SPDR		X			VARIABLE	X									

SCHEDULE V — LIABILITIES

Name

Page 17 of 18

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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										
			B \$10,001-\$15,000	C \$15,001-\$50,000	D \$50,001-\$100,000	E \$100,001-\$250,000	F \$250,001-\$500,000	G \$500,001-\$1,000,000	H \$1,000,001-\$5,000,000	I \$5,000,001-\$25,000,000	J \$25,000,001-\$50,000,000	K Over \$50,000,000	
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	NA												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NA		

Name	Page <u>8</u> of <u>15</u>
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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.

[illegible]