

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

**FORM A**  
For use by Members, officers, and employees

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John Bradley Elsworth

(Full Name)

812-306-5597

(Daytime Telephone)

JAN 18 2011

(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: IN District: 8	<input type="checkbox"/> Officer Or Employee Employing Office:	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>
<b>Report Type</b>	<input type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Termination	Termination Date: 1/3/2011	

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<b>I.</b> 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"/>	<b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>II.</b> 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"/>	<b>VII.</b> 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 type="checkbox"/> No <input checked="" type="checkbox"/>
<b>III.</b> 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"/>	<b>VIII.</b> 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"/>
<b>IV.</b> 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"/>	<b>IX.</b> 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"/>
<b>V.</b> 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"/>	<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>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"/>

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**SCHEDULE I - EARNED INCOME**

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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
Vanderburgh County Sheriff Pension Plan	Pension (for services rendered prior to current legislative employment)	\$62,687
Charles Kendall, Jr. DDS	Spouse Salary	N/A
Anthony Klein, DDS	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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
<p>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.</p> <p>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.</p> <p>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.</p>		<p>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 is included only because it is generated income, the value should be "None."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Evansville Federal Savings Bank	\$50,001 - \$100,000	Interest	\$1 - \$200	
JT	Evansville Teachers Federal Credit Union	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	American Funds - Investment Co. Of America (457b)	\$15,001 - \$50,000	None	NONE	
	Fidelity Contra Fund (457b)	\$15,001 - \$50,000	None	NONE	
	Fidelity Equity Income Fund (457b)	\$1,001 - \$15,000	None	NONE	
	JPM Midcap Value A (457b)	\$15,001 - \$50,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Nationwide International Index A (457b)	\$15,001 - \$50,000	None	NONE	
	Nationwide Midcap Market Index A (457b)	\$15,001 - \$50,000	None	NONE	
	Neuberger Berman Genesis Fund (457b)	\$15,001 - \$50,000	None	NONE	
SP	Europacific Growth Fund CI C IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Growth Fund of America CI C IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
SP	Income Fund of America CI C IRA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Davis New York Venture Fund CI C IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Royce Fund - Penn Mutual Fund IRA	\$1,001 - \$15,000	None	NONE	
SP	Franklin Small Mid Cap Growth CI C IRA	\$1,001 - \$15,000	None	NONE	
	Europacific Growth Fund CI C IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Growth Fund of America CL C IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
	Davis New York Venture Fund CI C IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Invesco Constellation Fund CI A Roth IRA	\$1,001 - \$15,000	None	NONE	
SP	Investment Co. Of America CI A Roth IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

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

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SP	Davis New York Venture Fund Roth IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Invesco Constellation Fund Cl A Roth IRA	\$1 - \$1,000	None/None	NONE	
	Growth Fund Of America Cl C Roth IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Europacific Growth Fund Cl C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Growth Fund of America Cl C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Davis New York Venture Fund Cl C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	ER - Employer Profit Sharing Plan - Charles Kendall, DDS (employer directed) 401k	\$15,001 - \$50,000		N/A	

**SCHEDULE IV - TRANSACTIONS**

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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 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	Growth Fund of America CI C IRA	P	N/A	Automatic monthly purchase	\$1,001 - \$15,000
	Growth Fund of America CL C IRA	P	N/A	Automatic monthly purchase	\$1,001 - \$15,000

**FOOTNOTES**

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Name of Fund changed from Aim Constellation to Invesco Constellation	Invesco Constellation Fund CI A Roth IRA
2	Schedule III	Name of fund changed from Aim Constellation to Invesco Constellation	Invesco Constellation Fund CI A Roth IRA
3	Schedule III	This Profit Sharing Plan is at the discretion and direction of the employer - this employee is only vested at 40%	ER- Employer Profit Sharing Plan - Charles Kendall