	z Z	child because Yes	Insactions, or liabilities of a spouse or dependent of with the Committee on Standards of Official Con-	ed" income, tra e first consulted	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.
	No X	trusts" need not Yes	ds of Official Conduct and certain other "excepted spouse, or dependent child?	tee on Standar	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?
	TIONS	F THESE QUES	RMATION — ANSWER EACH OF THESE QUESTIONS	ST INFOF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	and the response.	n in this part must be answered and the nedule attached for each "Yes" respons	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	§ □	V. Did you, your spouse, or a dependent child have any reportable Yes liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
		arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No 	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.
	∑ .s □	or before the date Yes	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.	No Control	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.
	No No	receive any n the reporting Yes)?	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.	₹	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.
	No No	receive any egating more Yes	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.	No No	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? Yes If yes, complete and attach Schedule I.
			OF THESE QUESTIONS		PRELIMINARY INFORMATION — ANSWER EACH
	ll be assessed ho files more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ree Termination Date:	Officer or Employee	Status Member of the U.S. State: William House of Representatives District: At Amendment
_	Only)	1). (Office Use Only)			
£ <	2010 SEP 21 AM 11: 39	2010 SEP	Daytime Telephone:신영구정등급이	Daytime	Name: CUMMIA M. LUMMIS
	HAND	DELIV	Form A For use by Members, officers, and employees	EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
	Q				

Name Cynthia M. Lummis P

S Page 2 of

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) totalling \$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. See examples below.

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

							\sim	Lummis Livestock Co., LLC Cheyenne, Wyo		Examples: State of Maryland	Keene State	Source
						1	Spause Salary	Member distribution	Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре
							Z	48,000	\$1,000 NA	\$9,000	\$6,000	Amount

	Name Cynthia M.
	Lummis
1	Pag

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filling package. 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

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
- hone -			

BLOCK A

Asset and/or Income Source

instruction booklet. of its activities, and its geographic location provide the value and income information on od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Block A. For additional intormation, see period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the plans (such as 401(k) plans) that are self directed Identify (a) each asset held for investment or protraded, state the name of the business, the nature not exercised, to select the specific investments) (i.e., plans in which you have the power, even if ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or ≻

Φ

Ö

o

m

T

Ω

I

ے

ᄌ

_

≡

7

<

≤

≦

≦

 $\overline{\times}$

×

≚

reporting ye

asset is sold portion of a If only a

please indic

parent, or sibling; any deposits totalling \$5,000 or Exclude: Your personal residence(s) (unless cial interest in or income derived from U.S. less in personal savings accounts; and any tinanyour spouse, or by you or your spouse's child there is rental income); any debt owed to you by Government retirement programs.

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 f you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

m ω σ

DIVIDENDS

INTEREST

CAPITAL GAINS

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example

See below f

(S) (partial

as follows:

Other Type of Income

DC, Examples

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

- Arp & Hammond Handware C

Cheyenne, Wyo

Lummis Livestock Co LLC

X

COTTO

×

Royalties

×

S

(partial

×

Old Horse Pasture Hac.

Cheyenne, Wyo.

Dynamic Materials Inc.

×

×

Catte

×

Konch

Conch

costle.

メ

TO CO

30 H rasch

×

Wheatland Inyo

Larank River Hanch

Cheyenne, Wyo.

Wyo. Deferred Comp.

PCC

×

457 plans

Stock

く

Suchenne

OKRA

-omenille, Co

ŞP,

Value of Asset BLOCK B

method other than fair market value, reporting year. It you use a valuation Indicate value of asset at close of

If an asset was sold during the reporting generated income, the value should be year and is included only because it None."

please specify the method used.

ate any income during calendar year. Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reinall other assets including all IRAs, investments, you may write "NA." For indicate the type of income by check-

Type of Income BLOCK C

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific the appropriate box below.

BLOCK D

or generated. Check "None" if no income was earned vested, should be listed as income Dividends and interest, even if reinchecking the appropriate box below. For all other assets, including all IRAs, not allow you to choose specific invest-ments, you may write "NA" for income. indicate the category of income by For retirement plans or accounts that do \$1,000 in exceeding exchanges sales (S), o purchases (

Amount of Income asset had Indicate if the Iransacti

BLOCK E

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

** * Continuation Sheet (if needed) (1) V () (^) */ ن ا T/ Microsoft Et Intel SP Corning いび \exists 00 8 in we stime at Cherry WyThis page may be copied if more space is required. American Natil Bunk Chevenne Ency Kruge Ptnrs 2 Snowy Range Ptnrs + 1512 Durin (warehouse Cherry Bidg (commercial Carey Block Commercia Frienty Magazilan Bldrs Emerging Markets TF Yodaysharve-First National Ban Thrivent TRA Consurvation Rilliance マスシ ししつ Microsoft United Rentals Asset and/or Income Source Product Trust Unit Sures **BLOCK A** partnershipinot Carron C Laramie Cheyenna Cheyenne Sheyenre ĥ None (Alab) × œ × × \$1 - \$1,000 × κ, × 0 × × \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Self X Ш \$50,001 - \$100,000 Year-End BLOCK B П × \$100,001 - \$250,000 G \$250,001 - \$500,000 I - directed $\times \kappa$ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 **_** \$5,000,001 - \$25,000,000 $\overline{}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 × NONE × × × DIVIDENDS × \succ X, × RENT INTEREST of Income BLOCK C ×× ×× Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST Name Cynthia M. Limmis Other Type of Income (Specify) K K ×X × × × × None × × × × × × 1 - 200Amount of Income ≡ \$201 - \$1,000 X 7 \$1,001 - \$2,500 × < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\bar{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Page of 1 Transactio BLOCK E m w To

SCHEDULE IV - TRANSACTIONS

Name Cynthia M. Lummis

Page 2 of 9

										(Dendre	_	SP Delta Petroleum (held far ove	SP Example: Mega Coporation Common Stock (partial sale)	resport 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 children, 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.
												,			PURCHASE OF T
	!							,			×	×	×	×	PURCHASE OF Transaction
											٠				EXCHANGE S
											} ;	Solid of	Sold o		Check Box if Capital Gain Exceeded \$200
													+	10-12-09	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable
								 							\$1,001- \$15,000 W
		 	<u> </u>											×	\$15,001- \$50,000
			<u> </u>												\$50,001- \$100,000 D
							 			<u>-</u> -					\$100,000 D S100,000 m S250,000 m S250,001 S500,000 T
-	 						 		 					\dashv	
							 								\$1,000,000
-						 	 				,			H	\$5,000,000 ± C S 5,000,001- C O
-	 		 				 <u></u>							H	\$25,000,000 - \$25,000,001- \$50,000,000 -
1	I	1	I												

SCHEDULE V- LIABILITIES

Name Cy
nthia
3
Lummis
18

Page of of

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

	10					
	S)		DC,)	ļ	
(same terms as all other investors)	Timothy Berden Streemboat Springer	Example: First Bank of Wilmington, Delaware	Creditor			
allyear term	Co. bank stock purchase	Mortgage on 123 Main St., Dover, Del.	Type of Liability			
			\$10,001- \$15,000	8		
•		ļ _	\$15,001-	ဂ		
			\$50,001- \$100,000	O		
		×	\$100,001- \$250,000	Э	Amo	
			\$250,001- \$500,000	Ŧ	o tuu	
	×		\$500,001- \$1,000,000	១	Amount of Liability	
			\$1,000,001- \$5,000,000	Ξ	ility	
			\$5,000,001- \$25,000,000	_		
			\$25,000,001- \$50,000,000	د		
			Over \$50,000,000	ᅱ		

SCHEDULE VI - GIFTS

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. 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.

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

Source	Description	Value
Framole: Mr. Joseph H. Smith Anvioum Anvetate	Silver Platter (determination on personal friendship reneived from Committee on Standards)	2752
, Doze –		

Name Cynthia M. Lummis Pa	ľ					
	Pa	が、	Lum	3	Vath.	Name (

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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

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

Source	Date(s)	City of Departure — Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
-N/A-						
Central Banking Publications	•	DC + London + D. C.	<	<	Z	17:95+ star
0	j		•			all Oat
						Î
TO THE L. WILLIAM				_		

SCHEDULE VIII—POSITIONS

Name Cynthia M. Lummis

Page 9 of 9

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position Officer, Director (uncompensated)
sated)

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

***		F	Also the Control of the	anne
Date				
Parties To	- None -		-	
Terms of Agreement				