

**HAND
DELIVERED**

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

FORM A Page 1 of 6
For use by Members, officers, and employees

Sam Farr

(Full Name)

(202) 225-2861

(Daytime Telephone)

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

State: CA
District: 17

☐ 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 \$1,000 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 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 type="checkbox"/> No <input checked="" 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"/>
Exemptions- 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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LEGISLATIVE RESOURCE CENTER

SCHEDULE I - EARNED INCOME

Name Sam Farr

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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
Partners for Transition	Spouse Salary	N/A
California Public Employees Retirement System/Legislative Retirement	Pension Income	\$15,920

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Fair

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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
<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>				
Boeing Company Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Chevy Chase Land Company	\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
Colgate Palmolive Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
Congressional Federal Credit Union (IRA account)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Congressional Federal Credit Union (Savings and Checking Accounts)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Devil's Flat Association	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Fair

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	General Electric Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Hartford Financial Services Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Hewlett-Packard Stock	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	IBM Corp. Stock	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	Intel Corp. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Interest - CA State Retirement System (includes CA Legislative Retirement)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
	Lots 7,9, 10 (SE corner of Santa Lucia & Carmino Real), Carmel, CA	\$250,001 - \$500,000	None	NONE	
	Morgan Stanley Bank Deposit Program	None	INTEREST	\$1 - \$200	
	Morgan Stanley Money Morgan Stanley Strategist Fund A (held in IRA Retirement Account)	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS (Reinvested)	\$201 - \$1,000	
	Motorola Inc. Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Pfizer Inc. Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Point 16, Big Sur, CA LLC Membership Interest	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	Sharlands Investment Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

SCHEDULE III - ASSETS AND "UNEARNED" INCOME				Name Sam Farr		Page 5 of 6
Sorensen's Resort Partnership Interest	\$15,001 - \$50,000	Other: Partnership distribution	\$2,501 - \$5,000			
Tahoe Cabin	\$15,001 - \$50,000	RENT	\$201 - \$1,000			
Vista Lobos Apartments (Interest held through the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary.)	\$250,001 - \$500,000	RENT	\$50,001 - \$100,000			

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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
Aspen Institute Congressional Program on Energy Security and Climate Change	Apr. 4-10	DC - Valencia, Spain -San Francisco, CA	Y	Y	Y	None
Washington Office on Latin America and National Tour Association- Media Interviews	Sept. 18- 22	DC- New York City - DC	Y	Y	N	3 Days