	No <	d Yes	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.	sets, "unearned" incon ? Do not answer "yes"	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti because they meet all three tests for exemption? Do not answer "yes" unless you have first cons Standards of Official Conduct.	
	No 🔇	Yes	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?	ved by the Committee oed from this report deta	Trusts- Details regarding "Qualified Blind Trusts" appropriate trusts" need not be disclosed. Have you exclude child?	T
		SNOIT	ION ANSWER EACH OF THESE QUESTIONS	JST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER E	
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	opriate	and the appr	Each question in this part must be answered and the appropriate	Yes No	Oid you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	_
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
	No C	Yes	Did you have any reportable agreement or arrangement with an outside entity?	Yes No V IX.	Did you, your spouse, or dependent child purchase, sell, or exchange any IV reportable asset in a transaction exceeding \$1,000 during the reporting	
			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	 ₹	ing in the Yes [	Did you hold any reportable positions on or before the date of filing in the II. current calendar year?	Yes V No VIII.	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	
	_   No     C	e travel		Yes No VII.	Did any individual or organization make a donation to charity in lieu of naying you for a speech, appearance, or article in the reporting period?	
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	No No	hegift in herwise Yes	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?	Yes 🗸 No 🖂 VI.	Did you or your spouse have "earned" income (e.g., salaries or fees) of 1. \$200 or more from any source in the reporting period?	
		;	ESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	l _ i
		late.		Termination	Type  Annual (May 15)	
	) days	more than 30 days	Termination Date:		Report	1
9	against	be assessed against	Employee	Em	v	
	ty shall	A \$200 penalty shall	Employing Office:	_ off	Filer Member of the U.S. State: IL	
75	• Only) 🚉 -	(Officer⊎se Only)	(Daytime Telephone)		(Full Name)	
2010 MAY 17 AM 11: 33 1/2	17 AMI	2010 MAY	630-326-9417		George William (Bill) Foster	
	E RESOURCE	LEGIS! ATIVE RESOURCE CLACE				
ÄÖ ED	HAND	<b></b> 3	FORM A Page 1 of 5 For use by Members, officers, and employees	TATIVES EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
					*	1

## SCHEDULE I - EARNED INCOME

Name George William (Bill) Foster

Page 2 of 5

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	Туре	Amount
Brookhaven National Laboratory	Spouse Salary	N/A

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 $\vdash$  $\exists$ optional column on the far left 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 Government retirement programs. parent or sibling; any deposits totaling \$5,000 or less in personal savings debt owed to you by your spouse, or by your or your spouse's child Exclude: Your personal residence(s) (unless there is rental income); any not publicly traded, state the name of the business, the nature of its that are not self-directed, name the institution holding the account and investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans plans (such as 401(k) plans) that are self directed (l.e., plans in which 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 accounts; any financial interest in or income derived from U.S. information, see the instruction booklet. activities, and its geographic location in Block A. For additional its value at the end of the reporting period. For an active business that is you have the power, even if not exercised, to select the specific provide a complete address. Provide full names of stocks and mutual \$200 in "unearned" income during the year. For rental property or land, (b) any other assets or sources of income which generated more than unds (do not use ticker symbols). For all IRAs and other retirement Asset and/or Income Source over time arising from sale of over time arising from sale of Promissary note for payments Controls, Inc (ETC) Promissary note for payments Union (savings and checking) Congressional Federal Credit accounts) checking, and money market interest in ETC Holdings interest in Electronics Theatre **HSBC Bank Savings Account** Harris Bank Batavia (savings ī \$500,000 \$250,001 -\$500,000 \$250,001 -\$500,000 \$250,001 -\$500,000 \$250,001 -\$25,000,000 \$5,000,001 method used. If an please specify the than fair market value, year. If you use a at close of reporting asset was sold and is valuation method other the value should be it is generated income, included only because Value of Asset Year-End Name George William (Bill) Foster BLOCK B None during the calendar year. other assets including all may write "NA". For all specific investments, you Check all columns that Over Time Other: Payment Check "None" if asset did even if reinvested, should Dividends and Interest, appropriate box below. income by checking the INTEREST not generate any income be listed as income. IRAs, indicate the type of not allow you to choose plans or accounts that do apply. For retirement INTEREST INTEREST Type of Income BLOCK C \$1,001 - \$2,50C \$100,001 -\$2,501 - \$5,000 \$2,501 - \$5,000 \$1,000,000 NONE of income by checking the other assets, including all earned or generated. appropriate box below. IRAs, indicate the category "NA" for income. For all For retirement plans or "None" if no income was Dividends and interest, even isted as income. Check t reinvested, should be investments, you may write you to choose specific accounts that do not allow Amount of Income Transaction \$1,000 in exceeding reporting year. exchanges (E) (P), sales (S), or had purchases Indicate if asset BLOCK E Page 3 of 5

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	George William (Bill) Foster	
	Northwestern Mutual Insured Bank Deposit IRA	\$50,001 - \$100,000	INTEREST	\$1 - \$200
	Thrift Savings Plan G Fund	\$50,001 - \$100,000	None	NONE
	TIAA Traditional Retirement Annuity	\$250,001 - \$500,000	None	NONE
	CREF Stock Fund	\$250,001 - \$500,000	None	NONE
SP	Teachers Federal Credit Union (savings, money market and checking)	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500
SP	TIAA Traditional Retirement Annuity	\$100,001 - \$250,000	None	NONE
SP	TIAA Real Estate	\$15,001 - \$50,000	None	NONE
SP	CREF Stock	\$100,001 - \$250,000	None	NONE
SP	CREF Inflation-Linked Bond	\$15,001 - \$50,000	None	NONE
SP	Fidelity Contrafund	\$100,001 - \$250,000	None	NONE
SP	Fidelity Magellan	\$15,001 - \$50,000	None	NONE
SP	Fidelity Intermed Bond	\$15,001 - \$50,000	None	NONE
SP	Thrift Savings Plan G Fund	\$100,001 - \$250,000	None	NONE
SP	Thrivent Large Cap Stock Fund - A	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME SP SP SP Ş HSBC Savings Thrivent Partner International Stock Fund - A Thrivent Mid Cap Stock Fund -A Thrivent Money Market Fund - A \$15,001 -\$50,000 \$50,001 -\$100,000 \$1 - \$1,000 \$1,001 - \$15,000 DIVIDENDS Name George William (Bill) Foster None DIVIDENDS **DIVIDENDS** NONE \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 Page 5 of 5