	TRUSTS—Details be disclosed. Have	EXCLUSION	V. Did you, your s liability (more than if yes, complete	IV. Did you, your spouse, or a depe or exchange any reportable asset ir \$1,000 during the reporting period? If yes, complete and attach Scheu	III. Did you, your a income of more the reportable asset with the reportable as the reportable asset with the reportable a	II. Did any individ lieu of paying you reporting period? If yes, complete	I. Did you or your fees) of \$200 or I	PRELIMINA	Report Type	Filer Status	Name		CALENDAR
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	egarding "Qualified Blind Tru you excluded from this repor	EXCLUSION OF SPOUSE, DEP	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.	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.	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.	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.	 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. 	PRELIMINARY INFORMATION .	Annual (May 17, 2010)	Member of the U.S. House of Representatives	\J0x'' \ \L),) 1 1 1 7	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE ST
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities or they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct an be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent of	DEPENDENT, OR TRUST INFORMATION	ve any reportable Yes 🗸	on exceeding Yes	ceive "unearned" or hold any nd of the period? Yes	nation to charity in article in the Yes	(e.g., salaries or porting period? Yes	- ANSWER EACH	Amendment	State: \$ \(\int \) District: \(\forall \)	1 Mg/13	-	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
ed" income, trans	tee on Standards	ST INFORM	No	No C		8	S S	EACH OF THESE		Officer or	Dayune		
sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	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?	- ANSWER	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	1X. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.	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.	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.	E QUESTIONS	Termination Date:	Employing Office:	Dayune releptione: 867,630, 8324		Form A For use by Members, officers, and employees
because		EACH OF THESE QUESTIONS	nust be answ d for each "\	ırrangement	r before the date	receive any the reporting	receive any egating more		against anyone who than 30 days late.	A \$200 penalty shall be assessed	U.S. HOUSE OF THE CLES! Office US SENTATIVE	2011 FEB -7 PM 2: 58	JAN 3 1 2011
	Yes	UESTION	/ered and /es" resp	Yes		ĭ Seg	Yes		ne who fil ate.	y shall be	THE CLES (2011 FEB -7 PM 2: 56	201
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Page 2 of 7

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.

							Trylin for Congress Committee the	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source
						2	Spanse Jalan	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
							n/A	NA	\$1,000	\$9,000	\$6.000	Amount

Asset and/or Income Source **BLOCK A**

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

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portion of an

asset is sold, please indicate

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

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> example. See below for

as follows:

(S) (partial)

ple, Partnership Income or Farm Income)

or income source optional column c dependent child If you so choose

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Examples:

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Value of Asset BLOCK B

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close 2

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

BLOCK C

uneck all columns that apply. For retirement plans or accounts that do Type of income 징징

investments, you may write "NA." For not allow you to choose specific ate any income during calendar year Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reining the appropriate box below indicate the type of income by checkall other assets including all IRAs, 오**%** Div For

If only a		11)	. * *
reporting year.					
\$1,000 in				ated.	generated.
exceeding	sted, should be listed as income. eck "None" if no income was earned	me w	no inco	should lone" if	eck j
exchanges (E)	idends and interest, even if rein-	t, eve	interes	ts and	/idenc
sales (S), or	icate the category of income by	로 크	ategory	- # # C	icate
purchases (P),	r all other assets, <i>including all IRAs</i> ,	luding	ets, inc	her ass	rall ot
asset had	allow you to choose specific invest-	speci	choose	you to	allow
Indicate if the	retirement plans or accounts that do	accoun	lans or a	ment p	retire
Transaction	ĕ	псоп	Amount of Income	Amou	
BLOCK E		U	BLOCK D	_	
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	elity Abrisor Intermed	_	elity Alvisor Egnity	llowing mutual funds;	unt Tax with fidelity	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	r by you or your spouse's child, g; any deposits totalling \$5,000 or savings accounts; and any finanor income derived from U.S. irement programs. e, you may indicate that an asset be is that of your spouse (SP) or (DC) or is jointly held (JT), in the on the far left.
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuatio	Continuation Sheet (if needed)]]	1				1			ı				- 18 or 18 cm	11 5	-	117	115		I Put	115	115	Ш		J⊩	rage / of
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SCHEDULE V- LIABILITIES

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Page S of

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.

Creditor Type of Liability Creditor Type of Liability C E G H C H				SP, DC,	
Type of Liability **C		Mank of Traveles Rest (South Gooling)			
\$15,001- \$50,000 CO \$15,001- \$100,001- \$250,000 m \$500,001- \$1,000,000 GO \$1,000,000 GO \$5,000,001- \$25,000,000-	(cs, dunce)		Mortgage on 123 Main St., Dover, Del.	Type of Liability	
\$50,000 C \$60,001- \$100,001- \$250,000 m \$250,001- \$1,000,000 G \$1,000,000 G \$5,000,001- \$25,000,001- \$25,000,000-				SHE CASE	
\$250,000 M \$250,001 \$500,001- \$1,000,000 G \$1,000,001- \$5,000,001- \$25,000,000-				\$50,000 C	
\$5,000,001- \$25,000,000			×	\$250,000 M	Amount of L
\$25,000,000				\$1,000,000	_iability
Over				\$25,000,000	

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

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

Name	
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D. Inglis	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

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)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce Roycroft Corporation	Mar. 2	DC—Chicago—DC	< Z	< Z	√ Z	None 2 Days
Fy Jen Catholic University	October 8-15	action 8-15 Time - LAK-Taipe;	<		7	Mana
			/			
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SCHEDULE VIII—POSITIONS

Name Robert D. Indlis

Page Z of Z

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,

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

Position	Name of Organization
Traffer	Allick wylle Inglis, Tr. Qulifich Persond Lesidence Trust
Truste	Helen McCallongh Inglis Qualified Personal Residence Trast
-	

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

	Date	Parties To	Terms of Agreement
_			