CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees	HAND DELIVERED
Name: ALMES L. OBERSTAR Daytime Telephone: (301) 300 - 0876	2011 57 -1 51 2:07
	(Office Use Only)
oying Office:	A \$200 penalty shall be assessed
Report Annual (May 17, 2010) Amendment Termination Date: again:	than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	Yes X No	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.
No X	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	Yes	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.
No	YesX	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 ★	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	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.	×	Yes	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 •	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.	₹	Yes	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.

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? **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. Yes X Yes X N_O <u>8</u>

BLOCK E

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

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

Government retirement programs. cial interest in or income derived from U.S. 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 less in personal savings accounts; and any finan-Exclude: Your personal residence(s) (unless

dependent child (DC) or is jointly held (JT), in the optional column on the far left or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset None

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Examples

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1st Bank of Paducah, KY Accounts

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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 of

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

vested, should be listed as income. Check "None" if asset did not gener-

Dividends and interest, even if reining the appropriate box below.

ate any income during calendar year.

Type of Income BLOCK C

Check all columns that apply. For retirement plans or accounts that do all other assets Including all IRAs, investments, you may write "NA." For not allow you to choose specific indicate the type of income by check-

Amount of Income 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 indicate the category of ments, you may write "NA" for income not allow you to choose specific invest-For all other assets, including all IRAs, For retirement plans or accounts that do income by

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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	Continuation Sheet (if needed)		İ	<u> </u>	Name A FMCS	L OBERSIAN	Pageof
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset		BLOCK C Type of Income	0	BLOCK D Amount of Income	BLOCK E Transaction
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) SP DODGE & SP CHAMPLAIN SMALL CO. SP CALAMUS MARKET NEUTRAL FORMERLY STARL MID CAP のしろくたのの人 これてみている UNIVERSAL DOUBLELINE TOTAL KTY ARTIO INTL EQUITY WISDOMTRE UNION BANK OF CALIF JANUS MONEY AKT DIAMOND CARGE CAP ARTIO TOTAL KTUBOND I MI-LAN MARSICO GLOBAL ARTIO TOTAL ATN BOND A U.S. TREASURY NOTE AQUILA THREE PEAKS Asset and/or Income Source ABSOLUTE STRATEGIES XEROX 1335R FOLDINGS BLOCK A COX GLOBAL えつ DISPLAY MIDCAP × ➣ None Œ \$1 - \$1,000 × X C \$1,001 - \$15,000 × × メメ × O × \$15,001 - \$50,000 Value of Asset X × ш \$50,001 - \$100,000 Year-End BLOCK B T \$100,001 - \$250,000 O × × \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲. \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 г Over \$50,000,000 X NONE × × メ \times × DIVIDENDS × RENT X INTEREST of Income BLOCK C × Type × × × × **CAPITAL GAINS EXCEPTED/BLIND TRUST** Other Type of Income (Specify) JAMES I OBERSTAR None × × \$1 - \$200 $\overline{\mathsf{x}}$ Amount of Income × ≡ \times \$201 -- \$1,000 ₹ \$1,001 - \$2,500 X < BLOCK D X \$2,501 - \$5,000 X \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Ξ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ϫ Over \$5,000,000 Iransaction O (PART) BLOCK E > (Per (でまたま でまたる S CARTIAL முல் (PART (AX CAR `⊆ ₹ 3

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Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME Name JAMES L OBERSTAR

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Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME DC, ŞP, \exists しろころのいろし WACHOJIA BANK AMERICAN FO MAN MKT BLACKBOARD MEAN JOHNSON BASIN WATER CONGRESSION AL Asset and/or Income Source POZEN **ZUANCE** COMPUNARE 0194490 BLOCK A COMM 0159444 CORP アクリ \times X X < None Œ \$1 - \$1,000 × O × \$1,001 - \$15,000 × Q × \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 ດ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 ĸ $\times |\times|$ × × × NONE × DIVIDENDS RENT \times INTEREST of Income BLOCK C \times **CAPITAL GAINS** Type < **EXCEPTED/BLIND TRUST** Name JAMES Other Type of Income (Specify) None \$1 - \$200 Amount of Income imes imes≡ \$201 - \$1,000 1 OBORSTAR 7 × \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 SI VII VIII \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 ⋝ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Transaction SIG D T BLOCKE u `o` ın 9

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SCHEDULE IV— TRANSACTIONS

Name JAMES L OBERSTAR

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SCHEDULE IV— TRANSACTIONS

Name JAMES L. OBERSTAR

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SCHEDULE IV- TRANSACTIONS

Name JAMES L OBERSTAR

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SCHEDULE IV- TRANSACTIONS

Name JAMES L OBERSTAR

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SCHEDULE V- LIABILITIES

Name JAMES L OBERSTAR Page

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. 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

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MEH	Example:		
WELLS FARGO	Example: First Bank of Wilmington, Delaware	Creditor	
INVESTMENTS	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
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SCHEDULE VI — GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibit	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
EXEMPTE OF CONTROL	TRIP TO FRANCE - URS. ODERSTAR WON IN EAPPLE	\$ 5689.02

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 or were paid by you and reimbursed by the sponsor.

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

Examples:	Source Chicago Chamber of Commerce Roycroft Corporation ASPEN INSTITUTE	Mar. 2 Aug. 6–11 P-781L S – II, 2010	City of Departure—Destination—City of Return DC—Chicago—DC DC—Los Angeles—Cleveland DC (しらちゅうやっているよく、多と	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N) N Y
REN INSTITUTE		11, 2010	DC, USBO-PORTUGAL, DC	4	~	
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SCHEDULE VIII—POSITIONS

Name JAMES L. DEGRESPA

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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-

PORTIONAL ADMISSION COUNCIL AIGHBER A	38°	PS 7:02	DOARD OF TENENSHIP OR AND OFF	Position	
ACTIVE LIVING BY DESIGN - UNIVERSITY OF MORTH CAROLINA	GEORGE WAR INCITON UNIVERSITY MEDICAL CENTER, CHICRE CONTRA ADVISORY BOARD	INTERNATIONAL INSTITUTE FOR SUPPRCE TRANSPORTATION POLICY STUDIES	JOHN I KENNEDY CONTER FOR THE PERFORMING PRIS	Name of Organization	

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book. 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

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