

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

FORM A  
For use by Members, officers, and employees

**HAND  
DELIVERED**

HARRY E. MITCHELL  
(Full Name)

480-966-0074  
(Daytime Telephone)

2010 MAY 28 PM 1:32  
(Office Use Only)

Filer ☒ Member of the U.S. House of Representatives State: AZ District: 05

☐ Officer Or Employee

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?	Yes <input type="checkbox"/> No <input checked="" 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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VI. 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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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"/>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
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.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
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.				
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.				
ARIZONA ELECTED OFFICIALS RETIREMENT PLAN (NOT SELF-DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000	
ARIZONA STATE RETIREMENT SYSTEM (NOT SELF DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000	
SP ARIZONA STATE RETIREMENT SYSTEM (NOT SELF DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000	
JT FEDERATED AUTOMATED GOV'T MONEY TRUST	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT FEDERATED HIGH INCOME BOND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	FEDERATED INT'L HIGH INCOME	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
JT	FEDERATED INT'L LEADERS FUND (FORMELY FEDERATED INTERNATIONAL VALUE FUND)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
JT	FEDERATED MARKET OPPERTUNITY	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
JT	FEDERATED STRATEGIC VALUE	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000
	MASSACHUSETTS MUTUAL LIFE (WHOLE LIFE CASH VALUE)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
	MASSACHUSETTS MUTURAL LIFE (WHOLE LIFE CASH VALUE)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
	MCC PROPERTY INVESTMENTS, LLC (A PROPERTY WITH 6 RENTAL UNITES, AND SOME LAND)	\$100,001 - \$250,000	None	\$1,001 - \$2,500
JT	RYDEX US GOVT MONEY MARKET-C	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200
SP	TEMPE SCHOOLS CREDIT UNION	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000

# **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
AMERICAN ISRAEL EDUCATION FOUNDATION	AUG. 8-16	PHOENIX - TEL AVIV - PHOENIX	Y	Y	Y	NONE

**SCHEDULE VIII - POSITIONS**

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	COMPADRE HIGH SCHOOL ADVISORY BOARD (TEMPE UNION HIGH SCHOOL DISTRICT)
MEMBER	TEMPE/KYRENE COMMUNITIES IN SCHOOLS BOARD
MEMBER	JOBS FOR ARIZONA GRADUATES BOARD
MEMBER	CHILDSPLAY BOARD OF TRUSTEE
MEMBER	MCC PROPERTY INVESTMENTS, LLC

# FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
2	Schedule III	ALL ASSETS HELD BY FEDERATED ARE PART OF A FEDERATED FAMILY OF MUTUAL FUNDS.	FEDERATED INVESTMENTS
3	Schedule III	ASSETS HELD BY RYDEX IS PART OF A MUTUAL FUND FAMILY.	RYDEX INVESTMENTS
4	Schedule III	MASSACHUSETTS MUTUAL LIFE ARE WHOLE LIFE INSURANCE POLICIES. THE INTEREST IS FROM THE CASH VALUE WITH IN THE POLICY.	MASSACHUSETTS MUTUAL LIFE
5	Schedule III	ARIZONA STATE RETIREMENT INCOME FOR BOTH CONGRESSMAN MITCHELL AND HIS WIFE ARE FROM THEIR CAREERS AS SCHOOL TEACHERS (NOT SELF DIRECTED).	ARIZONA STATE RETIREMENT SYSTEM
6	Schedule III	RETIREMENT PAY FROM THE ARIZONA ELECTED OFFICIALS ARE FROM THE YEARS CONGRESSMAN MITCHELL WAS A COUNCILMAN AND MAYOR OF TEMPE, ARIZONA AND AS PART OF ARIZONA STATE GOVERNMENT (NOT SELF DIRECTED).	ARIZONA ELECTED OFFICIALS RETIREMENT PLAN
7	Schedule III	MCC PROPERTY INVESTMENTS, LLC IS A PARTNERSHIP (MITCHELL OWNS A 25% INTEREST)	MCC PROPERTY INVESTMENTS, LLC