

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 9

**HAND
DELIVERED**

R. Parker Griffith, M.D.

(Full Name)

256-551-0190

(Daytime Telephone)

2010 OCT 13 PM 1:51
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: AL District 05	<input type="checkbox"/> Officer Or Employee	Employing Office	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

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. 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 type="checkbox"/> No <input checked="" type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 at the end of the period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	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?	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"/>	X. If yes, complete and attach Schedule IX.	

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 QUESTION

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

Name R. Parker Griffith, M.D.

Page 2 of 9

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
<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>		<p>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."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	American Capital/AMCAP Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	American High Income	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	
	American Mutual Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	Anglo American	\$15,001 - \$50,000	None	NONE	
SP	Capital Income Builder	\$100,001 - \$250,000	DIVIDENDS	NONE	
SP	Capital Income Builder	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name R. Parker Griffith, M.D.

Page 3 of 9

	Capital Income Builder Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	Capital World Growth and Income Fund	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
	Capital World Growth and Income Fund	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
SP	Coca Cola Company	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	
	Colonial Bank-Checking Account	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP	Emerson Electric Co	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	
SP	Europacific Growth FD	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
	Europacific Growth Fund	\$15,001 - \$50,000	DIVIDENDS/CAP ITAL GAINS	\$5,001 - \$15,000	P
SP	Exxon Mobil	\$50,001 - \$100,000	DIVIDENDS	\$15,001 - \$50,000	
	Farm Bob Wade Lane and Nick Fitchard Rd. Madison County, AL	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	
	Farmland on Highway 75 Albertville, AL	\$500,001 - \$1,000,000	None	NONE	
	Green River Enterprises, Inc.	\$1,000,001 - \$5,000,000	Other: Shareholder distribution	\$100,001 - \$1,000,000	
SP	Growth Fund America	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name R. Parker Griffith, M.D.

Page 4 of 9

	Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500
SP	Income Fund of America	\$100,001 - \$250,000	DIVIDENDS	\$1 - \$200
	Income Fund of America	\$1,000,001 - \$5,000,000	DIVIDENDS	\$50,001 - \$100,000 S(part)
SP	Intermediate Bond Fund of America	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000
	Legg Mason Opportunity Trust	\$250,001 - \$500,000	None	NONE
	Legg Mason Value Trust	\$500,001 - \$1,000,000	None	NONE
	New Perspective Fund	\$250,001 - \$500,000	DIVIDENDS	\$2,501 - \$5,000
	Note Receivable from Manning Properties Huntsville, AL	\$100,001 - \$250,000	Other: Payment on loan note	\$15,001 - \$50,000
	Real Estate 101 Lowe Avenue Huntsville, AL	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000
	Real Estate 2102 Leeman Ferry Way Huntsville, AL	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000
	Real Estate 2105 Leeman Ferry Way Huntsville, AL	\$250,001 - \$500,000	RENT	\$50,001 - \$100,000
	Real Estate Carr Funeral Home 807 Sparks Avenue Boaz, AL 35956	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name R. Parker Griffith, M.D.

Page 5 of 9

	Real Estate-Land 310 Governors Drive Huntsville, AL	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
SP	Regions Bank-Checking Account	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	Royal Dutch SHL ADR CL	\$15,001 - \$50,000	DIVIDENDS	\$15,001 - \$50,000	
	Triple Springs, Inc. (holding company) 500 St. Clair Avenue, Huntsville, AL	\$500,001 - \$1,000,000	RENT	\$100,001 - \$1,000,000	
SP	Washington Mutual Investors Fund	\$15,001 - \$50,000	DIVIDENDS	NONE	
	Washington Mutual Investors Fund	\$1,000,001 - \$5,000,000	DIVIDENDS	\$50,001 - \$100,000	S(part)

SCHEDULE IV - TRANSACTIONS

Name R. Parker Griffith, M.D.

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	American Capital Fund	P	No	06/22/2009	\$1,001 - \$15,000
	American Mutual Fund	P	No	12/23/2009 9/23/2009 6/23/2009 3/23/2009	\$15,001 - \$50,000
	Capital Income Builder Fund	S(part)	No	01/22/2009 12/21/2009 9/30/2009 6/23/2009 3/23/2009 12/21/2009 9/30/2009 6/23/2009	\$50,001 - \$100,000
	Capital World Growth and Income Fund	P	No	12/17/2009 9/30/2009 6/23/2009 3/23/2009	\$15,001 - \$50,000
	Europacific Growth Fund	S(part)	No	08/03/2009 12/28/2009 12/30/2009 12/1/09 10/28/09 9/30/09 8/28/09	\$1,001 - \$15,000
	Growth Fund of America	P	No	12/22/09	Less than \$1000.00

SCHEDULE IV - TRANSACTIONS

Name R. Parker Griffith, M.D.

Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Income Fund of America	S(part)	No	1/22/2009 9/23/2009 6/23/09 3/23/2009 12/24/2009	\$50,001 - \$100,000
	Legg Mason Value	P	No	12/10/2009	\$1,001 - \$15,000
	New Perspective Fund	P	No	12/23/2009	\$1,001 - \$15,000
	Washington Mutual Investors Fund	S(part)	No	01/23/2009 2/25/2009 3/25/2009 4/24/2009 5/22/2009 6/23/2009 6/25/2009 8/3/2009 9/30/2009 12/21/2009 3/23/2009	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name R. Parker Griffith, M.D.

Page 8 of 9

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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC, JT	Creditor	Type of Liabilit	Amount of Liabilit
	First American Bank	Mortgage on: 101 Lowe Avenue Huntsville, AL	\$1,000,001 - \$5,000,000
	Swanee L. Carver	Mortgage on: farmland-Highway 75 Albertville, AL	\$100,001 - \$250,000
	Aubrey Carr	Mortgage on : Carr Funeral Home 807 Sparks Avenue Boaz, AL 35956 **paid off in 2009	\$250,001 - \$500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name R. Parker Griffith, M.D.

Page 9 of 9

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
American Israel Education Foundation	August 8- 16	Huntsville, AL-Tel Aviv- Huntsville	Y	Y	Y	None