

**HAND  
DELIVERED**

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

**FORM A**

Page 1 of 9

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

Marcia (Marcy) C. Kaptur

419-259-7500

(Full Name)

(Daytime Telephone)

2010 MAY 17 PM 5:02

(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> OH <b>District:</b> 09	<input type="checkbox"/> Officer Or Employee	<b>Employing Office:</b>	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<b>Termination Date:</b>	

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>I.</b> Did you or your spouse have "unearned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? <b>If yes, complete and attach Schedule I.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>VI.</b> 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)? <b>If yes, complete and attach Schedule VI.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>II.</b> 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? <b>If yes, complete and attach Schedule II.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>VII.</b> 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)? <b>If yes, complete and attach Schedule VII.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <b>If yes, complete and attach Schedule III.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? <b>If yes, complete and attach Schedule VIII.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>IV.</b> 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? <b>If yes, complete and attach Schedule IV.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? <b>If yes, complete and attach Schedule IX.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <b>If yes, complete and attach Schedule V.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b> 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"/>
<b>Exemptions--</b> 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 II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name Marcia (Marcy) C. Kaptur

Page 2 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Maheer Live, Inc.	Public affairs program appearance	10/3/2009	\$825

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Marcia (Marcy) C. Kapur

Page 3 of 9

BLOCK A Asset and/or Income Source  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.  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.	BLOCK B Year-End Value of Asset  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."	BLOCK C Type of Income  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.	BLOCK D Amount of Income  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.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
1848 Rivard Rd., Toledo, OH 43615	\$50,001 - \$100,000	No renter or rental income for 2008	NONE	
1854 Harlan Rd, Toledo, OH 43615	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	
5151 Fleet Rd., Toledo, OH 43615 (structure relocated from 1837 Dority Rd., Toledo)	\$50,001 - \$100,000	No renter or rental income.	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Marcia (Marcy) C. Kaptur

Page 4 of 9

INTEREST-funds  
accrued in this  
separate account  
are from  
foregone  
congressional  
pay (raises) and  
are distributed  
annually to  
charitable causes

Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST-funds accrued in this separate account are from foregone congressional pay (raises) and are distributed annually to charitable causes	NONE		
DFA Global Fixed Income 1 yr (Mutual Fund)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000		
DFA Global Fixed Income 2 yr (Mutual Fund)	\$1,001 - \$15,000	DIVIDENDS/Capit al Gain	\$201 - \$1,000		S(part)
DFA Global Fixed Income 5 yr (Mutual Fund)	\$15,001 - \$50,000	DIVIDENDS/Capit al Gain	\$201 - \$1,000		S(part)
DFA U.S. Core Equity I	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200		
Key Bank	\$1,001 - \$15,000	INTEREST on Certificate of Deposit	\$201 - \$1,000		
PNC Bank (formerly National City)	\$15,001 - \$50,000	INTEREST on Certificate of Deposit	\$1,001 - \$2,500		
RBS Citizens Bank	\$15,001 - \$50,000	INTEREST on Certificate of Deposit	\$1,001 - \$2,500		
Schwab Money Market	\$1,001 - \$15,000	INTEREST on Certificates of Deposit	\$1,001 - \$2,500		
Suburban Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200		

# **SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Marcia (Marcy) C. Kaptur					Page 5 of 9
	Transamerica Individual Retirement Annuity	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	NOT self directed
	U.S. Savings Bonds	\$50,001 - \$100,000	None	NONE	
	Vanguard Inflation Protected Bonds (IPB)	\$1,001 - \$15,000	DIVIDENDS/Capital Gain	\$201 - \$1,000	S(part)
	Vanguard Short Term Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

Name Marcia (Marcy) C. Kaptur

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
	DFA Global Fixed Income 1 yr (Mutual Fund)	S(part)	No	11/25/2009	\$1,001 - \$15,000
	DFA Global Fixed Income 1 yr (Mutual Fund)	S(part)	No	02/10/2009	\$1,001 - \$15,000
	DFA Global Fixed Income 2 yr (Mutual Fund)	S(part)	Yes	07/30/2009	\$1,001 - \$15,000
	DFA Global Fixed Income 5 yr (Mutual Fund)	S(part)	Yes	11/25/2009	\$1,001 - \$15,000
	Vanguard Inflation Protected Bonds (IPB)	S(part)	Yes	11/25/2009	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Marcia (Marcy) C. Kaptur

Page 7 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 Liability	Amount of Liability
	Northern Ohio Investment Company	Mortgage on structure at 5151 Fleet Rd., Toledo, OH 43615 (relocated from 1837 Dority Rd.)	\$50,001 - \$100,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Marcia (Marcy) C. Kaptur

Page 8 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 expense
Public Affairs Television - Bill Moyers	10/7/2009 - 10/8/2008	DC-NYC-DC (travel approved by Committee on Standards - travel required for taping of public affairs program)	Y	N	N	None

Maier Live, Inc.	10/2/2009- 10/3/2009	Detroit-Los Angeles-Detroit (travel approved by Committee on Standards - travel required for taping of public affairs program)	Y	Y	N	None
------------------	-------------------------	--	---	---	---	------



# SCHEDULE VIII - POSITIONS

Name Marcia (Marcy) C. Kaptur

Page 9 of 9

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
Trustee	The Anastasia Fund, P.O. Box 2121, Toledo, OH 43603. [a charity established in the names of Anastasia and Stephen Kaptur]