

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

**FORM A** Page 1 of 6  
For use by Members, officers, and employees

ROBERT BROWN ADERHOLT

202-225-4876

(Full Name)

(Daytime Telephone)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: AL District: 4TH	<input type="checkbox"/> Officer Or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

## 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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	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)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. 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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <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? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	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

<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"/>

LEGISLATIVE RESOURCE CENTER

2010 JUN 15 AM 11:14

601.555.7777

**NO HAND DELIVERED**  
(Office Use only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 2 of 6

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>
	60 Acres Land - Hogleridge Haleyville AL	\$15,001 - \$50,000	NONE	NONE	
JT	6207 30th Street North Arlington, VA 22207	\$1,000,001 - \$5,000,000	Rent	\$5,001 - \$15,000	
SP	65 Acres Land - Greenbrier Farms/McDonald Farms Partnership - Family Real Estate Property-Lake Point Circle Huntsville AL	\$100,001 - \$250,000	Rent, Capital Gain	\$5,001 - \$15,000	S(part)
SP	Beaver Dam Farm Inc	\$1,001 - \$15,000	Other: Farm Income	\$5,001 - \$15,000	
	Commercial Bldg - Hwy 5 South Haleyville AL	\$250,001 - \$500,000	NONE	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 3 of 6

	Common Stock - Telmex International	\$1,001 - \$15,000	Dividends	\$1 - \$200	
	Common Stock - Alliance Capital	\$1,001 - \$15,000	NONE	NONE	
	Common Stock - American Movil S A	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
	Common Stock - Glaxosmith Kline	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
	Common Stock - H & Q Healthcare	\$1,001 - \$15,000	Capital Gains	\$1 - \$200	
JT	Common Stock - Navistar International	\$1,001 - \$15,000	NONE	NONE	
	Common Stock - Oppenheimer & Co	\$1,001 - \$15,000	Dividends	\$1 - \$200	
	Common Stock - Prime Cash Series	\$1,001 - \$15,000	NONE	NONE	
	Common Stock - Telefonos De Mexico	\$1,001 - \$15,000	Dividends	\$1 - \$200	
JT	Congressional Federal Credit Union	\$1 - \$1,000	NONE	NONE	
SP, DC	Greenbrier Enterprises LLC	\$100,001 - \$250,000	Rent	\$15,001 - \$50,000	
JT	ING Classic Money Market Fund	\$1,001 - \$15,000	Dividends	\$1 - \$200	
	IRA - New York Life Insurance - Brokerage Account	None	NONE	NONE	E
	IRA - NY Life Securities Inc	\$15,001 - \$50,000	Dividends	\$201 - \$1,000	E

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT				Page 4 of 6
	IRA - Traders & Farmers Bank	\$1,001 - \$15,000	Interest	\$201 - \$1,000
JT	Traders & Farmers Bank	\$1 - \$1,000	NONE	NONE
DC	Traders & Farmers Bank	\$15,001 - \$50,000	Interest	\$1 - \$200
JT	Traders & Farmers Bank	\$1,001 - \$15,000	NONE	NONE

# SCHEDULE IV - TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Page 5 of 6

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
SP	Land Sale	S(part)	Yes	11-20-09	\$1,001 - \$15,000

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

Name **ROBERT BROWN ADERHOLT**

Page 6 of 6

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
Fellowship Foundation d/b/a International Foundation	May 21-27	Washington D.C. - Banja Luka, Bosnia & Herzegovina - Tirana, Albania - Skopje, Macedonia - Washington D.C.	Y	Y	N	None