

# UNITED STATES HOUSE OF REPRESENTATIVES

CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

Page 1 of 7

ROBERT MARION BERRY

(Full Name)

202-225-4076

(Daytime Telephone)

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

2010 MAY 17 AM 9:55

LEGISLATIVE RESOURCE CENTER

HAND  
DELIVERED

Filer Status

Member of the U.S. House of Representatives

State: AR  
District: 1ST

Officer Or Employee

Employing Office:

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 checked="" type="checkbox"/> No <input 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"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

## 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 I - EARNED INCOME**

Name ROBERT MARION BERRY

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
CARMAR LOWE, INC.	SPOUSE, DIRECTOR'S FEE	\$1,200

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT MARION BERRY

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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.					
	140 MAIN STREET, GILLETT, ARKANSAS VACANT LOT	1-1,000		NONE	
JT	408 E 3RD STRET SE, WASHINGTON, DC (NOTE 1)	\$369,000 (PURCHASE PRICE)	RENT	\$15,001-\$50,000	
SP	CARMAR LOWE, INC., GILLETT, AR, FARM	\$100,001-\$250,000	NONE	NONE	
	FARM BUREAU INSURANCE	\$1,001-\$15,000	DIVIDENDS	\$1-\$200	
	MARION BERRY, INC., GILLETT, AR, FARM	\$250,001-\$500,000	NONE	NONE	
	PECAN POST, INC., GILLETT, AR, FARM	\$1,000,001-\$5,000,000	DIVIDENDS	\$15,001-\$50,000	

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

Name ROBERT MARION BERRY

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JT		\$1,001-\$15,000	INTEREST	\$201-\$1,000	
	PLANTERS & MERCHANTS BANK, GILLET, AR (SAVINGS)				
	MONY GROUP, INC.	\$15,001 - \$50,000	NONE	NONE	
	RICELAND FOODS, INC., MEMBERSHIP EQUITY	\$1 - \$1,000	NONE	NONE	
	MARION BERRY RETIREMENT ACCOUNT DEWITT BANK & TRUST AND FARMERS & MERCHANTS BANK - CERTIFICATE OF DEPOSIT	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	

**SCHEDULE VIII - POSITIONS**

Name ROBERT MARION BERRY

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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
DIRECTOR/SECRETARY (SPOUSE)	CARMAR LOWE, INC.

**SCHEDULE IX - AGREEMENTS**

Name ROBERT MARION BERRY

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

Date	Parties To	Terms of Agreement
10/93	MARION BERRY, INC.	RETENTION OF EMPLOYEE BENEFIT
10/93	CARMAR LOWE, INC.	SPOUSE-DIRECTOR AND OFFICER

## **NOTE 1**

MARION BERRY  
1ST DISTRICT, ARKANSAS

COMMITTEE:  
APPROPRIATIONS

2305 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
TEL: (202) 225-4076  
FAX: (202) 225-5602

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0401

108 EAST HUNTINGTON AVENUE  
JONESBORO, AR 72401  
TEL: (800) 866-2701  
FAX: (870) 972-4605

OFFICE OF THE CLERK  
116 NORTH FIRST STREET  
SUITE C-1  
JONESBORO, AR 72401  
2009 JUN 12 4:10 PM  
TEL: (501) 843-3043  
FAX: (501) 843-4955  
U.S. HOUSE OF  
REPRESENTATIVES  
1 EAST 7TH STREET  
SUITE 200  
MOUNTAIN HOME, AR 72653  
TEL: (870) 425-3510  
FAX: (870) 425-3511

June 11, 2009

The Honorable Lorraine Miller  
Clerk of the House  
U.S. Capitol, Room H-154  
Washington, DC 20515

COPY

Dear Honorable Miller,

Upon further review and consultation with Committee on Standards staff, I respectfully submit the following amendments to my 2009 financial disclosure submitted on 15 May 2009:

Under Schedule III Unearned Income Reporting, please make the following changes:  
The property at 408 3<sup>rd</sup> St. SE, Washington, DC 20003 was purchased on July 21, 1999 at \$369,000.

If you have any questions regarding the changes listed herein, please contact me at 202-225-4076.

Sincerely,



MARION BERRY  
Member of Congress



DC HOME

DC GUIDE

RESIDENTS

BUSINESS

VISITORS

DC GOVERNMENT

☆ Kids ☆

MAYOR  
Adrian M. Fenty

CFO HOME

TAXPAYER SERVICE  
CENTERREAL PROPERTY  
SERVICES

Property Tax Bills  
Property Tax Rates  
and Calculation  
Property Assessment  
Process  
Property Assessment  
Appeals  
Tax Relief Credits  
Search Real Property  
Sales Database  
Search Real Property  
Assessment Database

CFO / OTR Search

## Property Detail

Address: 0408 3RD ST SE

SSL: 0793 0029

## Record Details

<b>Neighborhood:</b>	CAPITOL HILL	<b>Sub-Neighborhood:</b>	A
<b>Use Code:</b>	24 - Residential- Conversions-Less	<b>Class 3 Exception:</b>	No
<b>Tax Type:</b>	TX - Taxable	<b>Tax Class:</b>	001 - Residential
<b>Homestead Status:</b>	** Not receiving the Homestead Deduction		
<b>Assessor:</b>	MITCHELL HAMBURGER		
<b>Gross Building Area:</b>		<b>Ward:</b>	6
<b>Land Area:</b>	1,800	<b>Triennial Group:</b>	2

## Owner and Sales Information

**Owner Name:** CAROLYN L BERRY  
**Mailing Address:** PO BOX 306; GILLET AR72055-0306  
**Sale Price:** \$369,000  
**Sale Date:** 07/21/1999  
**Instrument No.:** 065249

## Tax Year 2010 Preliminary Assessment Roll

	Current Value	Proposed New Value (2010)
<b>Land:</b>	\$388,760	\$358,700
<b>Improvements:</b>	\$558,320	\$506,270
<b>Total Value:</b>	\$947,080	\$864,970
<b>Taxable Assessment: *</b>	\$947,080	\$864,970

\* Taxable Assessment after Tax Assessment Credit and after \$67,500 Homestead Credit, if applicable. (Click here for more information).

\*\* If you believe you should be receiving tax relief through the Homestead deduction program and if you are domiciled in the District and this property is your principal place of residence, you can access the link below, complete the form, and return it per the instructions. For additional information regarding the Homestead program, call (202)727-4TAX. Click here to download the Homestead Deduction and Senior Citizen Tax Relief application \*

View Tax Information | View Property Features | View Payments

Government of the District of Columbia  
Citywide Call Center : (202) 727-1000  
TTY/TDD Directory

Telephone Directory by Topic | Agencies |  
DC Council | Search | Elected Officials  
Feedback | Translation | Accessibility |  
Privacy & Security | Terms & Conditions

John A. Wilson Building  
1350 Pennsylvania Avenue, NW  
Washington, DC 20004