



Filing ID #10011267

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Mark Desaulnier  
**Status:** Member  
**State/District:** CA11

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2015  
**Filing Date:** 05/16/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
Contra Costa County Employee Retirement Association		\$100,001 - \$250,000	Tax-Deferred	<input type="checkbox"/>
Contra Costa Federal Credit Union		\$1,001 - \$15,000	Interest	\$1 - \$200 <input type="checkbox"/>
DBL Corp. DBA TR's Bar & Grill		None	None	<input type="checkbox"/>
DESCRIPTION: Location: Concord/Contra Costa, CA, USA Description: Proprietor				
Hat in the Ring, Inc.		None	None	<input type="checkbox"/>
DESCRIPTION: Location: Concord/Contra Costa, CA, US Description: President				
Mass Mutual - Contra Costa County Deferred Compensation Plan		\$1,001 - \$15,000	Tax-Deferred	<input type="checkbox"/>
DESCRIPTION: Money Market Account				
US Bank		\$1,001 - \$15,000	Interest	\$1 - \$200 <input type="checkbox"/>

## SCHEDULE B: TRANSACTIONS

None disclosed.

### SCHEDULE C: EARNED INCOME

Source	Type	Amount
Contra Costa Employee Retirement Association	pension	\$19,848.00

### SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Chase	2009	Home mortgage	\$250,001 - \$500,000

### SCHEDULE E: POSITIONS

Position	Name of Organization
Trustee	Norman Hobday Trust
COMMENTS: Wrapping up final duties as trustee for Norman Hobday Trust. Filer assumed trustee role prior to coming to Congress and received no financial compensation in 2015.	

### SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2000	Contra Costa County Health Plan and myself	retirement health plan
January 2000	Contra Costa County Employee Retirement Assoc. and myself	pension plan participant
February 2011	Mark DeSaulnier and Norman Hobday	Wrapping up final duties as trustee for Norman Hobday Trust. Filer assumed trustee role prior to coming to Congress and received no financial compensation in 2015.

### SCHEDULE G: GIFTS

None disclosed.

### SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Aspen Institute Congressional Program	03/27/2015	04/3/2015	Washington, DC - Germany - San Francisco, CA	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
American Israel Education Foundation	08/3/2015	08/11/2015	San Francisco, CA - Israel - Washington, DC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COMMENTS: Filer initially requested 3 days of travel at his personal expense, but did not use them.							

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 ☒ No

**Exemption:** 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?

☐ Yes ☒ No

## COMMENTS

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Hon. Mark Desaulnier , 05/16/2016