

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees of the U.S. HOUSE OF REPRESENTATIVES

**HAND
DELIVERED**

KENDRICK B. WEEK

305-769-8878

2011 FEB 24 PM 3: 04

(Full Name)

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: FL District: 17	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Report Type	<input type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination

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? If yes, complete and attach Schedule I.	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)? 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 type="checkbox"/> No <input checked="" type="checkbox"/>
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? 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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

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"/>

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SCHEDULE I - EARNED INCOME

Name KENDRICK B. MEEK

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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
DISTRICT OF COLUMBIA-GOVERNMENT	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENDRICK B. WEEK

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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.

SP	Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
	AXA: Equitable Variable Life Insurance: Flex Premium Incentive Life Plus	\$1,001 - \$15,000	None	NONE	
	AXA: EQ/Bernstein Small Cap	\$1 - \$1,000	None	NONE	
	AXA: EQ/Black Rock Value Equity	\$1,001 - \$15,000	None	NONE	
	AXA: EQ/Equity 500 Index	\$1,001 - \$15,000	None	NONE	
	AXA: EQ/Quality Bond Plus	\$1 - \$1,000	None	NONE	
	AXA: Multimanager High Yield	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENDRICK B. WEEK

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JT	Congressional Federal Credit Union, Va: Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	ING UNITED TEACHERS OF DADE 401K: FIXED PLUS ACCOUNT II (VCF021)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	ING: AIM Global Health Care Fund - Inv	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: Blackrock Global Sci and Tech	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: Index Plus Large Cap Port 1	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: Oppenhiemer Global Portfolio-1	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: Pioneer Fund Portfolio-Instit	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: T Rowe Price Diver Midcap Gr-S	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: T Rowe Price Growth Eq Port-Svc	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: Van Kampen Cornstock Port-Svc	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: VP Index Plus Small Cap Port 1	\$1 - \$1,000	INTEREST	\$1 - \$200	
	ING: VP Strategic Alloc Growth Port 1	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	Prudential Advanced Series Xtra 6 Annuity	\$100,001 - \$250,000	None	NONE	
	Prudential: AST AllianceBernstein G&I	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENDRICK B. WEEK				Page 5 of 6
Prudential: AST Federated Aggressive Growth	\$1,001 - \$15,000	None	NONE	
Prudential: AST International Growth	\$1,001 - \$15,000	None	NONE	
Prudential: AST Lord Abbot Bond	\$1,001 - \$15,000	None	NONE	
Prudential: AST Marsico Capital Growth	\$15,001 - \$50,000	None	NONE	
Prudential: AST Neuberger Berman/ LSV Mid-Cap	\$1,001 - \$15,000	None	NONE	
Prudential: AST PIMCO Limited Maturity Bond	\$15,001 - \$50,000	None	NONE	
Prudential: AST Small Cap	\$1,001 - \$15,000	None	NONE	

SCHEDULE V - LIABILITIES

Name KENDRICK B. WEEK

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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
SP	USDOE	STUDENT LOAN	\$50,001 - \$100,000