ž X	cause Yes	s of a spouse or dependent child be on Standards of Official Conduct.	sactions, or liabilities of a spouse o with the Committee on Standards o	d" income, tran- first consulted v	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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
Š N	Yes	her "excepted trusts"	s of Official Conduct and certain ott couse, or dependent child?	e on Standards	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?
S	ANSWER EACH OF THESE QUESTIONS	EACH OF TH		ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	estion in this part must be answered and the te schedule attached for each "Yes" response	his part must e attached for	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	No	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	igreement or arrangei edule IX.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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? If yes, complete and attach Schedule IV.
<u>8</u>	the date Yes	positions on or before ar? nedule VIII.	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.	No No	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.
∑	e any sorting Yes	pendent child receive its for travel in the rep in one source)? redule VII.	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.	No No	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.
₹	any more Yes	pendent child receive iod (i.e., aggregating npt)?	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.	S N	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 If yes, complete and attach Schedule I.
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTION
assessed es more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.		e Employing Office: e Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: House of Representatives District: Report Annual (May 17, 2010) Amendment
H 5: 40	2010 JUN 24 PM 5: 40 U.S. RUDELLE DE LE CANAGE (Office Use Only)	-4422 M	Daytime Telephone: 202-225-4422	Daytime 1	Name: Douglas L. Lamborn
	HAND Page 1 of The INVERSED OF THE INVERSE OF THE I	employees	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

2 Net App, Inc. Options, Nov. 23 Call at 29 1 Research in Motion, 1:18 Option Dec. 21 Call at 60	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	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 you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and 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 A Asset and/or Income Source Identity (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 asset 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 IFAs 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
	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 calendar year.
	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ∑ \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	Amount of Income For refirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IFAs, 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.
hh	S (partial)	portion of an asset is sold, please indicate as follows: (S) {partial} See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in

SCHEDULE IV - TRANSACTIONS

									Dec. 21 Can 2 60	SP Research in Motion, Ltd. Option	3 62	SP 2 Net App Inc. Options	Example: Mega Copora	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	oren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
															PURC	HASE		Type of Transaction
					i					X		X	×		SALE			Type ansac
															EXCH	ANGE		tion
										×		X			Check E Gain Ex	Box if C	apital 3 \$200	
										11-24-09		10-15-09	10-12-09		Bi-weekly, if applicable	Quarterly, Monthly, or	(MO/DAY/YR)	Date
										×		X			\$1,001- \$15,000		6	
		 <u> </u> 			 		 		<u> </u>			<u> </u>	×		\$15,001 \$50,000		0	
ļ		-			 		 			<u> </u>					\$50,001 \$100,000)	0	Amo
<u> </u>	<u> </u>	 -			 		 		-	-		-		_	\$100,00 \$250,000)	т	Amount of Transaction
<u> </u>		 <u> </u> 			 	 	 		-	<u> </u>				_	\$250,00° \$500,000)	71	of Tr
<u> </u>			ļ ———	ļ ———	 	<u> </u>	 	<u> </u>				ļ 			\$500,00° \$1,000,0	00	മ	ansa
		 	<u> </u>		 		 	-	ļ						\$1,000,0 \$5,000,0	00	=	actio
<u> </u>					 		 -		-		-	<u> </u>			\$5,000,0 \$25,000, \$25,000 ,	000	<u>-</u>	Ť
											-	-			\$50,000, \$50,000, Over	000	<u> </u>	
					 										\$50,000,	000_	Χ.	

This page may be copied if more space is required.