7 Ξ. ≓ EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS **CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES Status Report Filer Exemptions--If yes, complete and attach Schedule I. It yes, complete and attach Schedule V. (more than \$10,000) during the reporting period? Did you, your spouse, or a dependent child have any reportable liability Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting more than \$1,000 at the end of the period? If yes, complete and attach Schedule 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 If yes, complete and attach Schedule II. you for a speech, appearance, or article in the reporting period? Did any individual or organization make a donation to charity in lieu of paying or more from any source in the reporting period? Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 period? If yes, complete and attach Schedule IV. 3 3 Member of the U.S House of Representative Annual (May 15) 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 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 trusts. Standards of Official Conduct Samuel Robert Johnson (Full Name) Amendment State: District: 03 컺 Yes Yes Yes Yes Yes Termination ౭ S ౭ ᆼ 중 3 < Employee Officer Or **≦** ≦ ≤ × For use by Members, officers, and employees reimbursements for travel in the reporting period (worth more than \$335 schedule attached for each "Yes" response. Each question in this part must be answered and the appropriate If yes, complete and attach Schedule IX. If yes, complete and attach Schedule VIII. current calendar year? Did you hold any reportable positions on or before the date of filing in the If yes, complete and attach Schedule VII Did you, your spouse, or a dependent child receive any reportable travel or If yes, complete and attach Schedule VI. the reporting period (i.e., aggregating more than \$335 and not otherwise Did you have any reportable agreement or arrangement with an outside from one source) Did you, your spouse, or a dependent child receive any reportable gift in Termination Date: FORM A Employing Office: (Daytime Telephone) 202-225-4201 Page 1 of 4 . SLATIVE RESCURCE CENTER MEY 17 PM 4:27 OEMINE REP anyone who files more than 30 days be assessed against A \$200 penalty shall HAND Yes Ύes Yes ğ Yes ğ < < ĕ ö 공 Ş ĕ 중 **S** < 3

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Value of Asset 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, "None." Whone." Type of Income Check all columns that accounts that do not you to choose specify plans or accounts that do not should you to choose specify investments, you may write "NA". For all other assets including all income by checking the appropriate box below appropriate box below be listed as income. Check "None" if reinvested, should not generate any income earned or generated. "None" if no income earned or generated. Type of Income that accounts that accounts that do not you to choose specific investments, you may write "NA". For all other assets including all income by checking the appropriate box below appropriate box below the value should be listed as income. Check "None" if no income earned or generated. "None."	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. Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
\$1,001 - \$15,000 INTEREST \$1 - \$200	200
\$15,001 - CAPITAL GAINS \$5,001 - \$50,000	\$5,001 - \$15,000
\$1,001 - \$15,000 INTEREST \$1 - \$200	200
Indefinite Other: Book \$201 - \$1,000 Royalties	\$1,000
INTEREST Other: Book Royalties	\$1,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Samuel Robert Johnson

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sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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, spouse or dependent child that is totally independent of his or her relationship to you. 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 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodgin (Y/N	Food? (Y/N)	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Feb 5 - Feb 7	DC-Baltimore-DC	Υ	~	Z	None

SCHEDULE VIII - POSITIONS

Name Samuel Robert Johnson

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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 Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Regents	Smithsonian Institution, Washington, DC
Board Member	Institute in Basic Life Principles, Oak Brook, IL