Š Z	es 🔲	child because nduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran irst consulted	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child 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	trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	e on Standard	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?
5	DESTION	EACH OF THESE QUESTIONS	- ANSWER	TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS
the onse.	wered and "Yes" resp	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _O	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.
§ X	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	S _S	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 yos, complete and attach Schedule IV.
S S	Yes	or before the date	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.		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.
8	es M	receive any n the reporting)?	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.	N _S	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.
No.	Yes	receive any egating more	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.	<u>₹</u>	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 Yes Yes
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
les more	late.	against anyone who files more than 30 days late.	Termination Date:		Annual (May 17, 2010)
assessed	ity shall be	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Filer Member of the U.S. State: House of Representatives District:
in the second	(Office Use Only)	HUS VOICE	relepriorie:	раупте і	
12:54	2010 JUN 30 PM 12: 54	√ 2010 J			
	HAND SE IN THE DELIVERED		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
P					

					8	J.T	В S	SP	9 6 9 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	a competition and competition				
r					mysum date unitary	1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	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 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.	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 penod, 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 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).	BLOCK A Asset and/or Income Source			
			1.31		1.71				None >	nep ple lind				
				1. F. 1. F.		_	hde	<i>3.</i>	\$1 - \$1,000	Indicate reporting method please s pleas ass year and year and generate "None."				
	1		1 111		:	╁	Indefinite		\$1,001 - \$15,000 O	8 27 % 24 2 6				
				202	×	╁╌	1	×		value year. other obecify the transit was in incording the transit was a fine transit was	<u>≨</u>			
	1 T	1				\downarrow			\$50,001 - \$100,000 m \$100,001 - \$250,000	tha tha tha solution	BLOCK B Value of Asset			
						H	-		\$250,001 – \$500,000	of asset at close of If you use a valuation than fair market value, the method used. Sold during the reporting cluded only because it me, the value should be	9 ×			
				i Service					\$500,001 - \$1,000,000	sset us thoc ming only va	Ass			
-						t			\$1,000,001 - \$5,000,000	at nard mark	<u>Ģ</u>			
744		· · · · · ·	11.00	1.15					\$5,000,001 - \$25,000,000	close valuat ket valed ed. s report recause should				
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	4 .4		1 1 1	1.5		1		3.1	Over \$50,000,000	be # ing ing of				
			 			T			NONE	8 O ≷ O ⊇. ⊇. 8. ⊒. 5 % O				
				10	1.10	1		×	DIVIDENDS	Check all columns that retirement plans or account allow you to choo investments, you may wrall other assets <i>includii</i> indicate the type of inconing the appropriate Dividends and interest, vested, should be listed Check "None" if asset diate any income during ca				
				1		×			RENT	ck at allow allow ther the the dend say in any in				
	-	14.1		14 (5)	X	Г		:	INTEREST	I columns the columns to the columns or activities and interest hould be list one" if asset icome during	BLOCK C			
							1	×	CAPITAL GAINS	ins control of the diameter of	9 C			
		i. 7	4. 44.						EXCEPTED/BLIND TRUST	ns tor acor acor acor acor acor acor acor ac	BLOCK C			
										Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm 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.	Come
			<u> </u>	<u> </u>	7	L			None -					
									\$1 - \$200	For retirer not allow ments, you ments, you for all other indicate checking Dividends vested, so Check "Nor general"				
			<u> </u>	-	1	_	!		\$201 - \$1,000	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , 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.	≱			
	······································			1		L		×	\$1,001 – \$2,500	ment pyou to you to ma ner assumer assumer assumer assumer and should be an and should be an analysis of the should be an analysis of	BLOCK D Amount of Income			
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	:			-		<u> </u> ×	1		\$5,001 - \$15,000 ≤	rite gory ropr	Int of Ir			
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			1 1 1 1 1 1		1 440	1-	 		\$1,000,001 - \$5,000,000 ×	bunts that do ecific invest- ecific invest- for income, for income by income by box below, wen if reinas income, was earned				
,				4	ļ .	+	-	1	Over \$5,000,000 ×					
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E			





American Funds Service Company Post Office Box 6007 Indianapolis, Indiana 46206-6007

americanfunds.com

June 21, 2010

JAMES W BUSH 565 ABERDEEN DR CRETE IL 60417-1202

Re: Washington Mutual Investors Fund - A
Account #6347-5191-01
CB&T CUST SIMPLE IRA
JAMES W BUSH

Dear Mr. Bush:

We recently received your inquiry regarding the balance of the account referenced below.

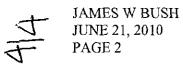
The table below reflects the share balance, per share net asset value (NAV), and total value of the account on the date requested:

Date	Account Number	Share Balance	NAV Per Share	Total Value
12/31/09	6347-5191-01	3,828.882	\$24.64	\$94,343.65

Please note that closed funds within an account may affect our ability to provide an accurate account value on the date requested.

Mutual fund share prices vary with the fluctuations of financial market share prices. The prices of the funds are found in the financial pages of most metropolitan newspapers under American Funds in the Mutual Funds listings.

If you have any questions, please contact your financial adviser or call us at 800/421-0180. You can reach one of our service representatives Monday through Friday between 8 a.m. and 8 p.m. Eastern time. You may also obtain account information by visiting our website at www.americanfunds.com.



We appreciate the opportunity to be a part of your investment program.

Cordially,

American Funds Service Company

Enclosure

ce: MICHAEL/LORRAIN MCCANN/SCHULTZ AMERIPRISE FINANCIAL SERVICES INC 15255 S 94TH AVE STE 405 ORLAND PARK IL 60462-3889