PRELIMINARY INFORMATION --EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS **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? \$1,000 during the reporting period? If yes, complete and attach Schedule IV. 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? 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. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because If yes, complete and attach Schedule V. V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. If yes, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Name: Jeffrey L. Fortenberry **CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES reporting period: Report Type Status Fier House of Representatives Member of the U.S. Annual (May 16, 2011) District: State: **ANSWER EACH OF THESE QUESTIONS** Amendment Yes Yes Yes Yes Yes Daytime Telephone: 402/438-1598 ₹ |X 8 <u>₹</u> <u>8</u> S Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VI. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more If yes, complete and attach Schedule VII. period (worth more than \$335 from one source)? For use by Members, officers, and employees VIII. Did you hold any reportable positions on or before the date than \$335 and not otherwise exempt) appropriate schedule attached for each "Yes" response. Employing Office: Each question in this part must be answered and the Termination Termination Date: against anyone who files more than 30 days late. A \$200 penalty shall be assessed U.S. HOUSE (Office Use Only) 2011 JUH -3 PI'12: 26 HAND DELIVERED TO THE CASE OF THE Yes Yes Yes Yes Yes Yes × <u>₹</u> v ∑ <u>₹</u> <u>Z</u> 8 X

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source	Туре	Amount
	Koone State	Approved Teaching Fee	\$6,000
		Legislative Pension	\$9,000
Examples:		Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
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	Name	
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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Tope for transmitting the list is included in each weither's filling package.			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000 \$500
			- Address of the state of the s

BLOCK A

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other reportable asset or sources of income which generated

Asset and/or Income Source

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, provide a complete address.

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that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (*unless* there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the you so choose, you may indicate that an asset or

For a detailed discu please refer to the i

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Examples

SP

Lincoln N

5t. 0%

Retail D Gloria

Union L

CREF

アイド CREF HAL 10/0/

Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close 으

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None."

Type of Income BLOCK C

if the asset generated no income dur-Dividends, Interest, and capital ing the reporting period. disclosed as income. Check "None" gains, even if reinvested, must be may check the "None" column (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>o</u> retirement accounts that do not allow Check all columns that apply. For

checking the appropriate box below. as income. Check "None" if no income even if reinvested, must be disclosed Dividends, interest, and capital gains, you to choose specific investments was earned or generated. indicate the category of income by the "None" column. For all other assets, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such For retirement accounts that do not allow 2

Amount of Income

BLOCK D \$1,000 in purchases (P) exceeding exchanges (E) sales (S), or asset had If only a reporting year ransaction ndicate if the BLOCK E

		×		X S	30 1	Royalties Partnership Income 1000												in ite				
\$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 E as follows: (S) (partial) See below for example.	\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000	\$5,001 - \$15,000	\$1,001 - \$2,500 \$2,501 - \$5,000	\$201 – \$1,000	None \$1 - \$200	EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	CAPITAL GAINS	NTEREST	DIVIDENDS RENT	NONE	Over \$50,000,000	\$25,000,001 - \$50,000,000	\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	\$500,001 - \$1,000,000 ·	\$250,001 - \$500,000	\$100,001 - \$250,000	550,001 – \$100,000	\$1,001 - \$15,000 \$15,001 - \$50,000	\$1 - \$1,000 \$1 001 - \$15 000	None	didress. interest in a privately-held business i interest in a privately-held business y traded, state the name of the businers of the activities, and its geographic locaersonal residence, including second tion homes (unless there was rental preporting period); any deposits totalise in a personal checking or saving financial interest in, or income derived direment program, including the Thrift interest in produce (SP) or dependent intropres in a saset or that of your spouse (SP) or dependent intropres in the inthe far left.	tire fint

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Jeft Fortenberry

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ဌ 8 SP Residence: Falls Church VA Lingua Private Ledger Contaction Asset and/or Income Source Parganus Goot BLOCK A ➣ None В \$1 -- \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 G \$250,001 - \$500,000 1 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None = \$1 - \$200Amount of Income ≡ \$201 - \$1,000 < \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Over \$5,000,000 Transaction BLOCK E சு. ஜெ சா

SCHEDULE IV— TRANSACTIONS

Name Jeff Fortenberry

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											JT Residence: Falls Church VA	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	Cate (i.e., "partial sale"). See example below. 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.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates partial income if calls a portion of an asset is said places as indi-	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
				:				-						PURCHAS	3E	of Tra
											×	×		SALE		Type of Transaction
	-													EXCHANG	ìΕ ·	tion
														Check Box Gain Excee	if Capital ded \$200)
						V					9-16-10	10–12–10		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
	 -													\$1,001- \$15,000	>	
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														\$50,000,000		

SCHEDULE V— LIABILITIES

Name Jeff Fortenberry

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during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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. 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

		gk.			SP, DC, JT	
* No longer opplicable ~		* Mutual of Oracha Baklingh NE 9-12-08 Mortgage on Falls Church	* PNC Mertyage, Dayton, ohio	Example: First Bank of Wilmington, DE	Creditor	
		9-12-08	1-31-05	May 1998	Liability Incurred Mo/Year	Date
		Mortgage on Falls Church UA	1-31-05 Mostgage on Falls Church VA	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
		*			\$15,001- \$50,000	
					\$50,001- \$100,000	
				×	\$100,001- \$250,000	A
					\$250,001- \$500,000	
			×		\$500,001- \$1,000,000	Amount of Liability
	-				\$1,000,001- \$5,000,000	Į₹
	-				\$5,000,001- \$25,000,000 ±	-
					\$50,000,000	
				L.,	\$50,000,000	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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

	Source	Dạte(s)	City of Departure—Destination— City of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples:		Mar. 2	DCChicagoDC	Z	z	Z	None
Examples.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
The 1	The Heritage Foundation Jan. 14-16	Jan. 14-16	DC-Charlottesuilk-DC	γ	y	У	None
	•					;	
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SCHEDULE VIII—POSITIONS

Name Jeff Fortenberry

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organization, or any educational or other institution other than the United States.	proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor	Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,
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zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

			Position
			Name of Organization

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

 	 	 		_
			Date	
			Parties To	
			Terms of Agreement	