HAN	
Ū	Page 1 of

	SE QUESTIONS	H OF THES	- ANSWER EAC	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMINA
than 30 days late.	Termination Date:	**	Amendment	Annual (May 47, 2010)	Report Type
A \$200 penalty shall be (1)se	or Employing Office: /ee	Officer or Employee	State: CA District: //	Member of the U.S. House of Representatives	Filer Status
U.S. HOUSE OF THE CLERK ONLY			1	-	
2010 HAY 14 PH 12: 45	Daytime Telephone: 202-225-1880	Daytime	2 GAVAMENTE		Names ONN
LEGIS! ATIVE RESOURCE CENTE:			,		•
DELIVERE DELIVERE	Form A For use by Members, officers, and employees	TEMENT	PRESENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	UNITED ST

iles more Sessed

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell 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? fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule V If yes, complete and attach Schedule IV If yes, complete and attach Schedule III. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the If yes, complete and attach Schedule II. reporting period? Did you or your spouse have "earned" income (e.g., salaries or yes, complete and attach Schedule I. Yes X Yes X Yes Yes Yes メ <u>г</u> 8 N_o ö <u>ک</u> reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule IX. with an outside entity? of filing in the current calendar year? period (worth more than \$335 from one source)? If yes, complete and attach Schedule VIII. VII. Did you, your spouse, or a dependent child receive any VI. Did you, your spouse, or a dependent child receive any Did you have any reportable agreement or arrangement VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. reportable gift in the reporting period (i.e., aggregating more appropriate schedule attached for each "Yes" response. Each question in this part must be answered and the Yes Yes X Yes X Yes <u>8</u> <u>Z</u> S 0 중 X

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

be disclosed. Have you excluded from this report details of such a trust benefiting you, your 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 **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not Yes Yes ₹ |X 8 **X**

Name	
Sol	
22	
13	
Mel	
Page	
₹	

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.

Excluse: William bay (such as regional Greater of Fisser to pay), receive for one fire programs, and see	אפורפוויפ והרפואפת מווחפו נוום הספומו הפ	outry / with
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State of CA - Sacramento St. Foremor	Salary	#131,882
CalPERS		<i>\$1.423.</i>
Calif Leuislative Retirement		NIG
California Exposition & State Fair	Spowe Sulary	\$83,76/.
Touch the Earth Rainch		,
Cattlemen's Live Stuck Market	Cuttle sale	
Mark Connolly	haysale	
	hay sale	
		i

	Name	
ŀ	Pa	
	Pageof	

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 Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009 Aug. 13, 2009	\$2,000
MONE			

HealthFusion	American Funds 401K	CA Legislative Retirement	CAIPERS	Valley Springs, CA	DT Touch the South Ranch		Examples:	SP, SP Mega Corp. Stock	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 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 perincod, 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 ficker symbols). For all IRAs and other retirement plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the value and income information on the control of the control o
×	×				×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$100,001 - \$50,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25	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."
×					Cattle	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 calendar year.
X	NA	×	*		*	×	×	×	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 × Over \$5,000,000 ×	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific invest ments, 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.
								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 reporting year.

SCH Cont	SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	<u>.</u>	Ę	Ē	₹.	ĩ	Ē	J	Ź	ဂ္ဂ	Š	m									Name		1		i i	, ,]]					Page of
	BLOCK A Asset and/or Income Source				<	al √	BLOCK B	우쥬 ※	BLOCK B Year-End Value of Asset	set								ا ي	BLOCK Type of Inco	Type Incor) (c		 	Al	וסנ	i i P	BLOCK D	s ô l	8	BLOCK D Amount of Income	, T		BLOCK E Transaction
SP.		⊳	В	C	Ü	Ш	771	۵	I											T		-1	=	≡	7	<	≤		VII VIII	<u>=</u> -	×	×	סר,
DC,																				D TRUST	ome												m ω
7		<u></u> _	1,000	- \$15,000	1 – \$50,000	1 - \$100,0	01 - \$250,0	01 – \$500,0	01 – \$1,000	,001 – \$5,0		,001 - \$25,	0,001 – \$50	50,000,000		NDS		EST	AL GAINS	TED/BLIN	Type of Inco		00	\$1,000	- \$2,500	- \$5,000	- \$15,000	- \$50,000	- \$100,000)1 – \$1,000,0	001 – \$5,000	,000,000	
		None	\$1 - \$												NONE	DIVIDE	RENT	INTER	CAPIT	EXCE	Other ⁻	None	\$1 ~ \$2	\$201 -	\$1,001	\$2,501	\$5,001						
44	7344 Goodell 7344 Goodell 7344 Goodell	\$					×		·					_			\times					\times	_							_			P
	1				1	1	 	†	-	+	 	-}		ļ																			
						1-	1	+-	†	+	+	-	┼─	-	<u> </u>				T -					Ţ			T		 	\top	1		
					\top		-	-	_		-	+	+	_		_		_											1	_			
								$\vdash \neg$	1	++	\vdash	}	\leftarrow		 														\Box				
\prod							+		+	+	+	+	+	+-	-↓									Ţ_		T	7	7			1		
									1				-+							_									$\neg \uparrow$	\neg	_		
												-	-	<u> </u>																			
						1	1	1	╁	 	+	+	┼-	-	<u> </u>	_	<u> </u>	<u></u>										1	1	 			
							+	\top	_	_	+	+-	-{-		\perp											7			_	_†_			
					\neg		_	_	_	-+	_			-				\perp											1	7			
										 			\vdash																				
						<u> </u>	_		-	-	-		 	۰,	<u> </u>	<u> </u>	L.,		Ĭ				L.										
									1	+	 	-	 -		<u> </u>	ļ <u>.</u>	<u> </u>		_											\top			
							-		1	 	-		+							T									T-		—		
				7		_	_	_	1	_	-	-	+	_															_	1	1		
		I	I	i	l	ľ	١	ŀ	l	l	I	١	ł	ŀ	ļ	ļ	l	l	I	I		l	۱	I	I	I	l	ı	I	ı	۱	I	

This page may be copied if more space is required.

SCHEDULE IV- TRANSACTIONS

Name

Page_

Report any purchase, sale, or exchange transactions by you, your spouse, Type

or depend	or dependent child during the reporting period of any security or real prop-	of Transaction	nsac	ë e		Date			Amc	Amount of	로 <u>-</u>	ans:	Transaction	ž		
resulted in action. Ex	erry neid for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-					(MO/DAY/YR)	Φ.	ဂ	0	m	וד	ត	I	_	د	*
dren, or the ates renta cate (i.e.,	dren, 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.	CHASE	: 	HANGE	Box if Ca exceeded	or Quarterly, Monthly, or))	00	00	00	000	000	0,000),000),000	0,000
Capital G of \$200, c	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.	PUR	SALE	EXC		Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,	\$1,000, \$5,000,	\$5,000, \$25,000	\$25,000 \$50,000 Over	\$50,000
SP, DC, JT								:	<u> </u>			_		<u> </u>		
SP	Example: Mega Coporation Common Stock (partial sale)		×			10-12-09		×	<u>.</u>	_		<u> </u>		-	_	L
T	7344 Gwinst Valley Springs, CA	×	<u> </u>			60-10 FIT		ļ		×			ļ			
												ļ				
]			 					 		 				ļ		
		ţ										ļ				
							<u> </u>		ļ		ļ			-		
								ļ		ļ		ļ				
<u>-</u> -															-	
																<u> </u>
					:				<u></u>			<u></u>		ļ		
								ļ		1		-				
j									-	<u></u>		_				
														-		
									<u></u>	<u> </u>		ļ			ļ <u>-</u>	
											<u></u>	ļ		<u> </u>		
											_		<u> </u>	<u> </u>		<u> </u>

SCHEDULE V- LIABILITIES

Name

Page____of___

the reporting period by you, your spouse, or dependent child. Mark the highest amount owed is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

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 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; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

SCHE	T	77	11	T	77	\mathcal{J}		JT,)	
SCHEDULE VI — GIFTS	James Aberle	Bank of America	American Sypress	chose Bank	Citi Bank	BankofStockton	Example: First Bank of Wilmington, Delaware	Creditor		
**	house mortuage	revolving credit line	revolving credit line	revolving credit line	revolving credit line	Mortgode 7544 Chuin St. Springs	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		*		,				\$10,001- \$15,000	B	
	×	<u>'</u>	×	X	×			\$15,001- \$50,000	ဂ	
			ļ	<u> </u>				\$50,001- \$100,000	ם	
						×	×	\$100,001- \$250,000	н	Amou
			-	-		-		\$250,001- \$500,000	71	nt of
			-	<u> </u>	-	-		\$500,001- \$1,000,000	ဂ	Amount of Liability
				-		-		\$1,000,001 \$5,000,000	Ŧ	įτ
			-			-	_	\$5,000,001- \$25,000,000 \$25,000,001	-	
							ļ	\$50,000,000 Over		
								\$50,000,000	<u>~</u>	L.

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

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

Name	
Page	
of_	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 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

a 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

Examples. ACID-VOCA - Spirese Travel Chicago Chamber of Commerce Roycroft Corporation Source Aug. 6-11 Mar. 2 Date(s) Sacramento DC-Sacramento City of Departure – Destination –
City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) < | z Food? ~ ≥ Z Was a Family Member included? (Y/N) ≳ ~ Z Number of days <u>not</u> at sponsor's expense 2 Days None

SCHEDULE VIII—POSITIONS

Name Page —— of —

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 non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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-

zanono), and positions soiety of all notionary nations	niviary nature.
 Position	Name of Organization
 Director	California Bioenergy He re-resigned 2008

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an 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