Yes No X		nsactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	d" income, tran	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.
Yes No No		s of Official Conduct and certain other "excepted pouse, or dependent child?	e on Standards ng you, your sp	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?
IESTIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the es" response.	nust be answe	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S	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 No No		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	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.
Yes No		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 C	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.
Yes No	g	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.	× 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.
Yes No N		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 O	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? Yes If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
A \$200 penalty shall be ssessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	or Employing Office: Be Termination Date:	Officer or Employee	Status Member of the U.S. State: 7177. House of Representatives District: 8 Annual (May 17, 2010) Amendment
PM 2: 50 A	2010 MAY 13 PM 2: 50 OFFICE OF THE DISTRIBUTE O	(212)367-7358 Daytime Telephone: (スペ) 225-5635	Daytime 1	Jerpald Lewis N
HANDe of 6		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name Errold Lewis Nadler Page 2 of 6

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

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
New York State Employee Retirement System	Pens/on	b+56/#
×	Spouse Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

Page 3 of 6
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

PLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	S (partial)					į		
do st- st- st- st- st- st- st- st- st- st-	≥ Over \$5,000,000 ≥								
unts that do unts that do seffic invest-for income. In an II IIA sincome by box below ven if reinven as income was earned	× 000,000,2\$ - 100,000,1\$								
nts the nts the control of the contr	₹ 000,000,t\$ - r00,001\$		×						
BLOCK D unt of Income plans or accounts to choose specific ay write "NA" for in ssets, including al category of inco appropriate box d interest, even i d be listed as ir if no income was	≥ 000,001\$ - 100,008	ļ	<u> </u>						
KD f In or according to the content of the content	≥ 000,00\$ – 100,81\$	_						 	
BLOCK D Int of Ir or choose or choose y write "n sets, incl ategory appropria I interest d be liste if no incor	> 000,81\$ - 100,8\$		ļ	×					
BL BL by the cat cat ap	> 000'9\$ - 109'7\$							 	
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.	≥ 005,2\$ - r00,r\$	×	<u> </u>					 	
Aminotalian support of the control o	≡ 000,1\$ - 102\$		_						
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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 <i>including all IRAs</i> , indicate the type of income by check ing the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not gener-	Other Type of Income (Specily: For Example, Partnership Income or Farm Income)		Royalties				;		
CCK In the part of	EXCEPTED/BLIND TRUST								
BLOCK C ype of Inc. columns the plans or acc you to chrome you to chrome you to chrome you seeke for include to those of ince appropriate and interest rould be liste one" if asset one" if asset one" if asset one" if asset one in the include it as in th	CAPITAL GAINS	×							
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BLOCK B Value of Asset alue of asset a ear. If you use an than fair macify the method u was sold during it included only income, the value	± 000,000,1\$ - 100,005\$			1					
CK ass as as a metal metal led	\$260,001 – \$600,000							 	
BLOCK Le of / Le of / of as of as If you than fe the met sold du cluded me, the	# 000,005\$ — f00,000†			×					
/alu lue lue tar. er t er t iify t	ш 000,001\$ – 100,02\$	×						 	
va va otho otho pec pec d is	000'09\$ - 100'91\$		₽						
ate ting od od se s and and	000,81\$ - 100,1\$		Indefinite	<u> </u>	\times				
Nalue of Asset Value of Asset Indicate value of asset at cl reporting year. If you use a vi method other than fair market please specify the method used if an asset was sold during the re year and is included only bec generated income, the value sh	m 000,1\$ − 1\$		드					 	
	onoM →		<u> </u>						
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 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 fand, 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	not exercised, to select the specific investments), 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 pendor. 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 rehal income); any debt owed to you by you 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.	SP Mega Corp. Stock	. Examples:		HSBC BANK	Chase Bank			

For additional assets and unearned income, use next page.

Name Jerrold Lewis Nadler Page 4 of 6

SCHEDULE V— LIABILITIES

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	×	Over \$50,000,000						
	-	\$22,000,001- \$50,000,000				-		
	-	\$5,000,000 \$\$						
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Liab	5	-100,000,1\$ -100,000,1\$					***************************************	
Amount of Liability	ш	\$250,001-						
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		Type of Liability	Mortgage on 123 Main St., Dover, Del.	PLUS Student Loan	Credit card			
		Creditor	Example: First Bank of Wilmington, Delaware	Citibank	Chase Credit Card Services			
	1	SP. DC, T.						

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.

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

Use additional sheets if more space is required.

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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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 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 or were paid by you and reimbursed by the sponsor.

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

		_					
	Source	Date(s)	City of Departure – Destination – City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	z	z	z	None
	: 1	Aug. 6-11	DC—Los Angeles—Cleveland	>	\	۸ '	2 Days
1	Human Rights Campaign (HRC) 7/24-7/26	92/t-hz/t	DC-Sanfrancisco - MC	λ	X	N	-
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SCHEDULE VIII - POSITIONS

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

Name of Organization	Brai Zion Foundation	East of Hudson Rail Freight Task Force	Anti-D		
Position	Notional Vie-President	Chair	Member M.Y. R.A. of Directors		

SCHEDULE IX—AGREEMENTS

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

Date	Parties To	Terms of Agreement