Exe	Tru	EXCL	if yes	V. than	If yes,	IV. repor	III. more more If yes	- If ye	II. you f	lf ye	l. Or mo	PRELI	Report Type	Filer Status			CALEN	
Exemptions	Trusts	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	If yes, complete and attach Schedule 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 IV.	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 \$2.00 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.	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 reporting period?	If yes, complete and attach Schedule 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?	PRELIMINARY INFORMATION	° a	55		' 	UNITED STATES HOUSE OF REPRESENTAT	ŀ
i	Details trusts" child?	OF SP	e and atta	ouse, or a cring the rep	e and atta	ouse, or de in a transa	n the report at the end	e and atta	al or organi , appearant	e and atta	pouse hav source in	Y INFO				i i	ATES	
Have you excluded from this rebecause they meet all three test		OUSE,	ich Sched	lependent o orting perio	ich Sched	pendent ch	of the period ch Sched	ch Sched	zation mak e, or article	ich Sched	e "earned" the reporti)RMA1	Annual (May 15)	Member of the U.S House of Represer		\ \ 	HOL HOL	
ided from neet all th	ng "Quali ot be disc	DEPE	ule V.	hild have a od?	lule IV.	nd purchas ding \$1,000	or hold any od? lule III.	lule II.	e a donation e in the rep	lufe I.	income (e.g ng period?	NOI	15)	Member of the U.S. House of Representatives	(Full	Tim	SE O	
this repo	fied Blind losed. Ha	NDEN		ny reportat	 	e, sell, or e during the	/ reportable	-	n to charity orting perio	 	j., salaries	ANSM	□ Am	 	(Full Name)	Tim Holden	F REF	
rt any oth for exemp	Trusts" a	T, OR		sle liability (xchange an reporting	asset wort		in lieu of pa d?	 	or fees) of \$	ANSWER EACH	Amendment	State: PA District: 17		 	RESI JRE ST	
Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first Standards of Official Conduct.	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?	TRUST		more Yes	 	y Yes	h Yes	1	aying Yes	 	Yes		t	7 A)))	OF REPRESENTATIVES	
"unearne not answ	oy the Cor	INFOR		□ ¥ €	 	€	\(\)	 	□ No	 	√ No	OF THESE	Tern			1 	TIVES	
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e, transac inless you	n Standar Is of such	A NC	schedu	Each q	If yes, co	Did you ha		If yes, co	Did you, your spoureimbursements for from one source)?	If yes, co	Did you, y the report	QUESTIONS	Те	Officer Or Employee		 	For use	
, "unearned" income, transactions, or liabilities of a spouse or dependent child not answer "yes" unless you have first consulted with the Committee on	ds of Office	NSWE	schedule attac	Each question	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	current calendar year? If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule 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 an	Did you, your spouse, the reporting period (i exempt)?	S	Termination Date:	i m		\ l	FORM A Page 1 of 7 For use by Members, officers, and employees	
iabilities o	cial Condu	REAC		in this _l	nd attach	ortable agr	nd attach	nd attach	ravel in the	nd attach	, or a deper		n Date:	nploying Office	(Day	(20	bers, offi	
of a spour	you, your	HOF	each "Y	part mu	Schedule	eement or	Schedule	Schedule	ndent child reporting	d attach Schedule VI.	ndent child jating more			Office:	(Daytime Telephone)	(202)225-5546	icers, an	
abilities of a spouse or dependent consulted with the Committee on	ertain other	R EACH OF THESE QUESTIONS	hed for each "Yes" response.	in this part must be answered and the appropriate	.	arrangemer	VIII.	VII.	receive an period (wor	\ <u>\</u>	or a dependent child receive any reportable gift in .e., aggregating more than \$335 and not otherwise			\	ohone)	546	Page 1 of 7 Id employee	
ee on	er "except or depend	QUES	ponse.	swered	 	nt with an o	\ \ \	date of fill	y reportable th more tha	1	y reportable and not oth					<u></u>	of 7 yees	
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Yes 🗌	Yes			approp	; } }	Yes	Yes	1	ĕs □	 	Yes		more than 30 days late.	A \$200 penalty shall be assessed against anyone who files	(Office Use Only)	HAND	2317	STATE FE
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SCHEDULE I - EARNED INCOME

Name Tim Holden

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

Source Type Amount County of Schuylkill spouse salary \$47,155.65	Type \$47,155.65	spouse salary	
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1									
	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 period, and (b) any other assets 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), 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 your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; 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.		Banco Santander S.A.	Capitol One Money Market	Currencyshars Australian DLR Australiain Dollar SH	Dreyfus Money Market Fund	Ishares Barclays Treas Inflation Protected sec	Ishares Barclays US AGGR Bond
	BLOCK B	Year-End 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, the value should be "None."	***************************************	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000 DIVIDENDS	\$1,001 - \$15,000 INTERE	\$1,001 - \$15,000	\$1,001 - \$15,000 DIVIDENDS
	BLOCK C	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 the calendar year.		DIVIDENDS	INTEREST	DIVIDENDS	INTEREST	DIVIDENDS	DIVIDENDS
1	BLOCK D	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.	200	\$201 - \$1,000	\$1 - \$200	\$1 - \$200	\$1 - \$200	\$1 - \$200	\$1 - \$200
1	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	, -	ק		ם 		v	 -

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Tim Holden	חנ		Page 4 of 7
	Ishares Comex Gold Trust	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	ס
İ	Ishares Dow Jones US Aerospace&Defense Index FD	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
!	Ishares Iboxx \$ Investop Investment Grade Corp FD	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	ט
	Ishares NASDAQ Biotechnology Index FD	None	DIVIDENDS	\$1 - \$200	σ
JT	M &T Bank, One South Centre, Pottsville, PA 17901	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
į	PA Tax Free Fund, Insured Long Term Bond	\$15,001 - \$50,000	Other: (Tax free income)	\$201 - \$1,000	
SP	Schuylkill County Employees Retirement System	\$50,001 - \$100,000	N N	NONE	
,	Schuylkill Federal Employees Credit Union	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Susquehanna Bancshares Inc	\$1 - \$1,000	DIVIDENDS	NONE	
TL	Van Guard Energy Fund	\$50,001 - \$100,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	
	Vanguard BD Index FD Inc Intermediate Term BD ETF	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Vanguard Bond Index Funds Short Term Bond ETF	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Vanguard Consumer Staples	None	DIVIDENDS	\$201 - \$1,000	PS
	Vanguard Emerging Markets	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	ס

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Rame Tim Holden	3n (Page 5 of 7
	Vanguard Growth	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
1 1 1	Vanguard Small Cap ETF	\$1,001 - \$15,000 DIVIDE	DIVIDENDS	\$1 - \$200	o
 	Vanguard Utilities	None	DIVIDENDS	\$1 - \$200	- -
; ; ;	VIST Financial Corp (formely Leesport Financial Corp_	\$1 - \$1,000	DIVIDENDS	NONE	
<u>-</u>	VMMR Prime Money Market Fund	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
T	Windsor II Stocks	\$15,001 - \$50,000	DIVIDENDS/CAPI \$201 - \$1,000 TAL GAINS	\$201 - \$1,000	
 	Wisdom TR INTL Utilities Sector FD	None	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	(
 	WisdomTree DIEFA High Yield	\$1,001 ~ \$15,000 DIVIDE	DIVIDENDS	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Tim Holden

Page 6 of 7

or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures.

<u> </u>		\ 			
SP, DC,		Type of	Capital Gain in Excess		
٥	ASSEL	ransaction	ot \$200?	Date	Amount of Transaction
	Banco Santander S.A.	ס	N/A	02-04-09	less than \$1000
	Currencyshars Australian DLR Australiain Dollar SH		N/A	06-03-09	\$1,001 - \$15,000
	Ishares Barclays Treas Inflation Protected sec		N/A	06-18-09 03-06-09 06-03-09	\$1,001 - \$15,000
	Ishares Barclays US AGGR Bond	ס	NA	02-11-09	\$1,001 - \$15,000
1	Ishares Comex Gold Trust		N/A	02-11-09	\$1,001 - \$15,000
	Ishares Iboxx \$ Investop Investment Grade Corp FD		N/A	06-03-09	\$1,001 - \$15,000
1	Isshares NASDAQ Biotechnology Index FD	, o	N _o	02-11-09	less than \$1000
	Vanguard Bond Index Funds Short term Bond		N/A	02-11-09	less than 1000
	Vanguard Consumer Staples	S	Yes	04-24-09	less than 1000
 	Vanguard Consumer Staples	 	N/A	02-11-09	\$1,001 - \$15,000
)))	Vanguard Emerging Markets ETF		N/A	04-24-09	less than 1000

Name Tim Holden

Page 7 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Growth ETF	S	No	04-24-09	less than \$1000
	Vanguard Mega CAP 300 VAL ETF	S	N	04-24-09	less than \$1000
\ \ 	Vanguard Mega CAP 300 VAL ETF	0	N/A	02-11-09	\$1,001 - \$15,000
 	Vanguard Small Cap ETF	0	N/A	04-24-09	\$1,001 - \$15,000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vanguard Utilities	Ø	No !	04-24-09	\$1,001 - \$15,000
 	WisdomTree TR INTL Utilities Sector FD	6	No	04-24-09	\$1,001 - \$15,000