PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, Name: **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? V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? **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. 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. 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? II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the 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. If yes, complete and attach Schedule III. Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. reporting period? CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES yes, complete and attach Schedule V. Report Type Status Filer House of Representatives Member of the U.S. Annual (May 17, 2010) OFFINE DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS ١ District: State:_ ANSWER EACH 52 Amendment Yes X Yes γ_{es}⊠ Yes Yes OF THESE QUESTIONS Daytime Telephone: (202) 225-0/34 MAY 17 PM 3: 04 8 No X No X 8 ₹ ⊠ Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting of filing in the current calendar year?
If yes, complete and attach Schedule VIII. period (worth more than \$335 from one source)? VII. 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)? For use by Members, officers, and employees VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. If yes, complete and attach Schedule VI Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response **Employing Office** Each question in this part must be answered and the Termination Form A fermination Date: U.S. H SIBEL DEFICE (** 1555 (** 1558 DUST OF REPE (Office) Use Only) ATIVE RESOURCE CENT against anyone who files more A \$200 penalty shall be assessed than 30 days late. HAND DELIVERED Yes Yes Yes Yes Yes X Yes 8 <u>8</u> No V 8 <u>Z</u> 8

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BLOCK A

Asset and/or Income Source

of its activities, and its geographic location in period. For an active business that is not publicly account and its value at the end of the reporting instruction booklet. Block A. For additional information, see traded, state the name of the business, the nature not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments) plans (such as 401(k) plans) that are self directed names of stocks and mutual funds (do not use income during the year. For rental property or land, provide a complete address. Provide full which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or proticker symbols). For **all IRAs** and other retirement (i.e., plans in which you have the power, even if ъ

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Exclude: Your personal residence(s) (unless Government retirement programs. cial interest in or income derived from U.S. less in personal savings accounts; and any finanparent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by

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

None

\$1 -- \$1,000

\$15,001 -

\$250,001 -

\$500.001

\$1,001 - \$15,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$50,000

\$500,000

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

×

1st Bank of Paducah, KY Accounts

Congression

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BLOCK B

Value of Asset

please specify the method used. method other than fair market v reporting year. If you use a value Indicate value of asset at close of Check all columns that apply. For For retirement plans or accounts that do

generated income, the value shou year and is included only becar If an asset was sold during the rep "None."

Type of Income

BLOCK D

BLOCK E

BLOCK C

Amount of Income Indicate if the **fransaction**

			\$25,000,001 - \$50,000,000	×	luation value, value, porting puse it
**	X	X X A Rovalties	Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm I		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 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	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	~	not allow you to choose specific invest- ments, 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.
		S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE V- LIABILITIES

Name How. Corrine Brown

Page 3 of 4

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.

					SP, DC, Creditor Type of Liability JT				
		7	White Popular Congressional	Example: First Bank of Wilmington, Delaware					
			Personal-Loan	Mortgage on 123 Main St., Dover, Del.					
			×		\$10,001- \$15,000	8			
					\$15,001- \$50,000	o			
					\$50,001- \$100,000	٥			
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L					\$100,001- \$250,000 m \$250,001- \$500,001- \$1,000,000 \$ \$1,000,001- \$5,000,000 \$ \$5,000,000 \$				
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	<u> </u> 			_					
		ļ 		<u> </u>	\$25,000,001- \$50,000,000 -				
					Over \$50,000,000 ×				

SCHEDULE VI - GIFTS

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.

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.

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

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

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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 or were paid by you and reimbursed by the sponsor.

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							Gracian Shinbuilding Assed Rec. 18		Examples: Chicago Chamber of Commerce	Source
							Nov. 28	Aug. 6–11	Mar. 2	Date(s)
							JAX-Noles-BC	DC—Los Angeles—Cleveland	DC~Chicago~DC	City of Departure — Destination — City of Return
								~	z	Lodging? (Y/N)
							4	~	z	Food? (Y/N)
							Y	Υ	Z	Was a Family Member Included? (Y/N)
						7	2 days	2 Days	None	Number of days <u>not</u> at sponsor's expense

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