<u>₹</u>	ause Yes	ent child beca Conduct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	y" income, tran	other assets, "unearner "yes" unless you have	EXEMPTION—Have you excluded from this report any other assets, "uneamed" 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.	EXEM they n
₹   <u>X</u>	need not Yes	oted trusts" n	s of Official Conduct and certain other "exceptionse, or dependent child?	e on Standard: ng you, your s	proved by the Committe s of such a trust benefit	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?	TRUS
S	ESE QUESTION	OF THE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXC1
I the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	rt must b	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	<b>™</b>	reportable Yes	V. Did you, your spouse, or a dependent child have any reportable fiability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	V. Did fiability If yes,
No.X	nent Yes	or arrangem	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No I	eding Yes	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.	IV. Dic or exc \$1,000 <b>If yes</b> ,
No X	the date Yes	on or before		No	uneamed" Yes X	III. Did you, your spouse, or a dependent child receive "uneamed" 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.	III. Dic incom, reports If yes,
<b>₹</b>	any orting Yes	child receive rel in the reportance)?		S N	o charity in in the Yes	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.	ii. Did iieu of report. If yes,
N <sub>o</sub>	any more Yes	hild receive a aggregating 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.	No No	salaries or perfod? Yes	<ol> <li>Did you or your spouse have "eamed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	t. Did fees) o
			E QUESTIONS	OF THESE	ANSWER EACH	PRELIMINARY INFORMATION - AN	PREL
les more	against anyone who files more than 30 days late.	agains than 3	Termination Date:	Employee	Amendment	Report (X) Annual (May 17, 2010)	J <sup>R</sup> e
assessed	A \$200 penalty shall be assessed	A \$200	r Employing Office:	Officer or	J. 1		Sta
•	(Office Use Only)	MC MC	Daytime Telephone: 402/438-1598	Daytime 7	aberry	ne: Jeffrey L. Forte	Name:
1:38	2010 MAY 17 AM 11:38						
	DELIVERESOURCE OLUM	<b>_</b>	Form A For use by Members, officers, and employees	MENT	SENTATIVES CLOSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	CAL
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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.

Exclude: Williamy pay (Such as National Cuair of Leselve pay), lead a remaining programs, and behind received and of the option Security has	S COURT OF THE COURT OF	
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA

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

Continue. A green envelope for definitional are list to thorough the mach mention is fitting backage.	mily package.		
Source	Activity	Date	Amount
_	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
	•		
	·		

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#### 8 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 traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the optional column on the far left. Government retirement programs. cial interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by exceeding \$1,000 at the end of the reporting peri-Identify (a) each asset held for investment or pro-duction of income with a fair market value less in personal savings accounts; and any finanyour spouse, or by you or your spouse's child, instruction booklet. account and its value at the end of the reporting period. For an active business that is not publicly not self-directed, name the institution holding the each asset in the account that exceeds the reporting threshold. For retirement plans that are provide the value and income information not exercised, to select the specific investments) plans (such as 401(k) plans) that are self directed ticker symbols). For all IRAs and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "uneamed" od, and (b) any other asset or sources of income i.e., plans in which you have the power, even if Lincola Examples: St. Claire Communication LLC Union Bank Checking Act Retail Book + Gift Stores Gloria Deo, Inc. CREFGlobal Equities TIAA CREF Retirement ricola Asset and/or Income Source TAA CREF Retirement Fund REF Stock Fun 4007 NE-Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY Accounts **BLOCK A** Marketing & Investor Lincoln NE tus 9 None ≫ generated income, the value should be year and is included only because it If an asset was sold during the reporting please specify the method used. reporting year. If you use a valuation "None." method other than fair market value, Indicate value of asset at close Ø. \$1 - \$1,000 Indefinite O \$1,001 - \$15,000 O. \$15,001 - \$50,000 Value of Asset ш \$50,001 -- \$100,000 **BLOCK B** $\times$ Ή \$100,001 - \$250,000 Ø \$250,001 - \$500,000 I <u>\$500,001 — \$1,000,000</u> \$1,000,001 - \$5,000,000 • \$5,000,001 - \$25,000,000 × <u> \$25,000,001 — \$50,000,</u>000 9 r Over \$50,000,000 NONE retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For ate any income during calendar year. vested, should be listed as income. Check "None" if asset did not genering the appropriate box below. Dividends and interest, even if reinindicate the type of income by checkall other assets including all IRAs, Check all columns that apply. For DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST Income 7/2 1/2 4/2 Treame 2-6000 Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None or generated vested, should be listed as income. Check "None" if no income was earned Dividends and interest, even it reinchecking the appropriate box below. indicate the category of income by ments, you may write "NA" for income. For all other assets, including all IRAs, not allow you to choose specific invest-For retirement plans or accounts that do . # \$1 - \$200 \$201 -- \$1,000 Ξ Amount of Income Z \$1,001 - \$2,500 BLOCK D < \$2,501 - \$5,000 ` \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 울 \$50,001 - \$100,000 ⋝ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 \$1,000 in exceeding exchanges (E) Iransaction example. See below for as follows: please indicate asset is soid, portion of an If only a saies (S), or purchases (P), asset had eporting year. Indicate if the S (S) (partial) BLOCK II (partial) ய் ்ல ம

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

Name Jeff Fortenberry

													77								SP, DC, JT	
												Lite Insurance: ING, Second	e: FallsC		MARCH MK+ Fard	rey MKF Share	Threaburg Mortgage Stock	: 5,	to Private	Jeticey L. Fortenbary		BLOCK A Asset and/or income Source
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### SCHEDULE IV- TRANSACTIONS

Name Jeff Fortenberry Page 6 of 9

													Market Fund . Honey	Securities Partfolio	SP Example:   Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate ( <i>i.e.</i> , "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 trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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
San State Section		program to	1 2	100 000									×				PURCHAS	E !	of Tr
	-													×	×		SALE		Type of Transaction
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#### SCHEDULE V- LIABILITIES

Name Jeff Fortenberry

Page Z of

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

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				Mutual of Omaha Bank, Lincoln, NK	held by National City Mortgage Dayton Ohio Mortgage on Falls Chorch Ul	Example: First Bank of Wilmington, Delaware	Creditor		
				Mortgage on Falls Church VH	Mortgage on Falls Church UA	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
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673		<del></del>			7		\$500,001- \$1,000,000	G	Amount of Liability
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#### 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.

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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 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 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.

4							
	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
( sejument	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z		Z	None
	Roycroft Corporation	Aug. 6-11	DC-Los Angeles-Cleveland	Υ	Y	<b>Y</b>	2 Days
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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 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,

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.

manufacture processes to descrip on an interest on a second	
Position	Name of Organization

#### 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

Date	Parties To	Terms of Agreement