	ild hics. Yes No	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 Ethics.	ets, "unearned" inc Do not answer "ye	Exemptions Have you excluded from this report any other assort because they meet all three tests for exemption?	
	Yes No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?	ed by the Committe tails of such a trus	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certa disclosed. Have you excluded from this report details of such a trust benefiting you, your	
	STIONS	TION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW	m
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	Ė-
	and the appropriate	Each question in this part must be answered and the appropriate	Yes V No	Old you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?	<
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
	xitside  Yes  No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange any  IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Years of the content	2
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	ing in the Yes □ No ✓	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth your than \$1,000 at the end of the period?	▔
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
	an \$335 Yes No 🗸	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?  Y	F
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	•
	herwise Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes V No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	-
		QUESTIONS	OF THESE Q	PRELIMINARY INFORMATION - ANSWER EACH	70
	late.	ion	☐ Termination	Type ☑ Annual (May 15) ☐ Amendment	
	more than 30 days	Termination Date:		Report	1
	be assessed against.	Employee	E Carried Control	<i>v</i> ,	
	A \$200 penalty shall	Employing Office:		Filer Member of the U.S. State: NY	
	U.S. Hause (Office Use Only)	(Daytime Telephone) (U.S. HO		(Full Name)	
Me	MAY 16 AH 10: 50	202-225-3965		Joseph Crowley	
	TO PROGREE CANAL	: :			
į		nbers, officers, and employees	ENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	
翌	HAND DEI MERED	FORM A Page 1 of 7	`∧ <b>⊤</b> N/⊑℃	LINITED STATES HOLISE OF BEDDESENTATIVES	

## SCHEDULE I - EARNED INCOME

Name Joseph Crowley

Page 2 of 7

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
Virginia Hospital Center Spouse Salary N/A

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 D
 8 vacation homes (unless there was rental income during the reporting publically traded, state the name of the business, the nature of its a fair market value exceeding \$1,000 at the end of the reporting period, Exclude: Your personal residence, including second homes and activities, and its geographic location in Block A. For an ownership interest in a privately-held business that is not For rental or other real property held for investment, provide a complete asset held in the account that exceeds the reporting thresholds. For self-directed (i.e., plans in which you have the power, even if not generated more than \$200 in "unearned" income during the year. of the institution holding the account and its value at the end of the exercised, to select the specific investments), provide the value for each For all IRAs and other retirement plans (such as 401(k) plans) that are Provide complete names of stocks and mutual funds (do not use ticker and (b) any other reportable asset or sources of income which retirement accounts which are not self-directed, provide only the name Identify (a) each asset held for investment or production of income with Asset and/or Income Source spouse for DC-3 spouse for DC-1 spouse for DC-2 Program held by member of New York's College Savings Union (previously valued at Coca-Cola Co Stock held by Coca-Cola Co Stock held by Coca-Cola Co Stock held by less than \$1000) Congressional Federal Credit 1 Farley Drive, Rensselaer, NY BLOCK A 而 \$15,000 \$1,001 -\$100,000 \$50,001 -\$15,000 \$1,001 -\$15,000 \$1,001 \$15,000 \$1,001 than fair market value the value should be method used. If an please specify the valuation method other at close of reporting it is generated income. asset was sold and is year. If you use a ncluded only because Value of Asse Year-End Name Joseph Crowley **BLOCK B** directed Other: not self-NONE DIVIDENDS DIVIDENDS GAINS/RENT CAPITAL during the reporting even if reinvested, must interest, and capital gains column. Dividends, check the "None" plans or IRAs), you may apply. For retirement Check all columns that DIVIDENDS generated no income Check "None" if the asset be disclosed as income. income (such as 401(k) generate tax-deferred investments or that accounts that do not allow you to choose specific Type of Income BLOCK C NONE \$1 - \$200 \$1 - \$200 \$15,001 - \$50,000 earned or generated. reinvested, must be capital gains, even it Dividends, interest, and appropriate box below. of income by checking the assets, indicate the category "None" column. For all other generate tax-deferred income specific investments or that do not allow you to choose For retirement accounts that "None" if no income was disclosed as income. Check IRAs), you may check the (such as 401(k) plans or Amount of Income BLOCK D ഗ reporting year. \$1,000 in exceeding exchanges (E) (P), sales (S), or had purchases Indicate if asset Transaction BLOCK E Page 3 of 7

Congress for DC-2

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name	
Joseph Crowley	

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Joseph Crowley	Crowley		Page 4 of 7
DC	New York's College Savings Program held by spouse for DC- 1	\$1,001 - \$15,000	Other: not self- directed	N/A	
DC	New York's College Savings Program held by spouse for DC- 3	\$1,001 - \$15,000	Other: not self- directed	N/A	
SP	Northwestern Mutual IRA - Allianz NFJ Small Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Northwestern Mutual IRA - American Balanced Fund Class B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Northwestern Mutual IRA - American High Income Trust Class B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Northwestern Mutual IRA - Europacific Growth Fund Class B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Northwestern Mutual IRA - Federated MID-CAP Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Northwestern Mutual IRA - Fidelity Advisor Small Cap Fund	\$1,001 - \$15,000	DIVIDENDS	NONE	
Sp	Northwestern Mutual IRA - Growth Fund of America Class B	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	Northwestern Mutual IRA - Washington Mutual Investors Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Procter & Gamble Co Stock held by spouse for DC-1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Procter & Gamble Co Stock held by spouse for DC-2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDU	SCHEDULE (II - ASSETS AND "UNEARNED" INCOME	Name Joseph Crowley	Сгомеу		Page 5 of 7
DC	Procter & Gamble Co Stock \$1 held by spouse for DC-3	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Reliastar Life Insurance \$1 Company-Qualified Annuity	\$15,001 - \$50,000	Other: Retirement	\$1,001 - \$2,500	
	_		Account	-	-

## **SCHEDULE IV - TRANSACTIONS**

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 Name Joseph Crowley Page 6 of 7

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$2007	Date	Amount of Transaction
	1 Farley Drive, Rensselaer, NY (sale of property)	S	Yes	12-23-2010	\$15,001 - \$50,000

## **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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit Name Joseph Crowley Page 7 of 7

cards) or	cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	ear exceeded \$10,0	300.	
SP, DC,		Date Liability		
Ţ	Creditor	Incurred	Type of Liability	Amount of Liability
	Chase Manhattan Mortgage	N/A	Mortgage on 1 Farley Drive,	\$15,001 - \$50,000
			sold 12-23-2010)	