

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

**HAND
DELIVERED**

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DANIEL E. LUNGREN

(Full Name)

202-225-5716

(Daytime Telephone)

(Office Use Only)

Filer Status
Member of the U.S. House of Representatives

State: CA
District: 03

Officer Or Employee

Employing Office:

Report Type

Annual (May 15)

Amendment

Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.			If yes, complete and attach Schedule VI.		
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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.			If yes, complete and attach Schedule VII.		
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?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.			If yes, complete and attach Schedule VIII.		
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.			If yes, complete and attach Schedule IX.		
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
If yes, complete and attach Schedule V.					

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

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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
California Legislators Retirement System	Constitutional Officer Pension	\$55,697
California Public Employees Retirement System	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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.</p> <p>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.</p> <p>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.</p>		<p>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."</p>	<p>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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Congressional FCU accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	M&T Bank account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Stoneyford Ranch, LLC, Glenn Co., CA	\$15,001 - \$50,000	Ranch	NONE	
	UBS Financial Services IRA - as follows				
	UBS Pace Money Market Fund	None	None	NONE	S
	American Funds AMCAP Fund Class F	None	DIVIDENDS	\$1 - \$200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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American Funds Capital World Growth & Income Fund	None	DIVIDENDS	\$1 - \$200	S
Hartford Capital Appreciation Fund	None	DIVIDENDS	\$1 - \$200	S
Henderson Global Investors Intl Opportunities Fund	None	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	S
Keely Small Cap Value Fund	None	None	NONE	S
MFS Value Fund Class A	None	DIVIDENDS	NONE	S
Royce Premier Fund	None	CAPITAL GAINS	\$1 - \$200	S
Loomis Sayles Bond Fund Class Retail	None	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	S
Virtus Multi-Sector Short Term Bond Fund	None	DIVIDENDS	\$1 - \$200	S
PIMCO Commodity Real Return Strategy Fund	None	CAPITAL GAINS	\$1 - \$200	S
Chase Bank account	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

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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, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	UBS Pace Money Market Fund	S	No	4-27-09	Under \$1,000
	American Funds AMCAP Fund Class F	S	No	4-27-09	\$1,001 - \$15,000
	American Funds Capital World Growth & Income Fund	S	No	4-27-09	\$1,001 - \$15,000
	Hartford Capital Appreciation Fund	S	No	4-27-09	\$1,001 - \$15,000
	Henderson Global Investors Intl Opportunities Fund	S	No	4-27-09	\$1,001 - \$15,000
	Keely Small Cap Value Fund	S	No	4-27-09	\$1,001 - \$15,000
	MFS Value Fund Class A	S	No	4-27-09	\$1,001 - \$15,000
	Royce Premier Fund	S	No	4-27-09	\$1,001 - \$15,000
	Loomis Sayles Bond Fund Class Retail	S	No	4-27-09	\$1,001 - \$15,000
	Virtus Multi-Sector Short Term Bond Fund	S	No	4-27-09	\$1,001 - \$15,000
	PIMCO Commodity Real Return Strategy Fund	S	No	4-27-09	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

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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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Fletcher Jones Foundation