Yes No X	actions, or liabilities of a spouse or dependent child because vith the Committee on Standards of Official Conduct.	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	
ed not Yes No X	of Official Conduct and certain other "excepted trusts" ne ouse, or dependent child?	on Standards	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?	
SE QUESTIONS	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	l m
e answered and the each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No 🗡	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 V.	
Yes No X	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	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.	
re date Yes No X	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No No	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? If yes, complete and attach Schedule III.	
rting Yes X No	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 and attach Schedule VII.	No 🔀	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.	
ore Yes No 🗶	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 ON	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 K	
	E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH (70
against anyone who files more than 30 days late.	Termination Date:	Employee	Report Annual (May 17, 2010) Amendment	
A \$200 penalty shall be assessed	Employing Office:	Officer or	Member of the U.S. State:	_
(Office Use Only)	Dayume Telephone: 3-6/6/	Dayume n	Natie: VOC OXCA	
252				
HAND age 1 of 1	Form A For use by Members, officers, and employees		INITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	7
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Name
JOE
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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.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Rivero Uniview School District	Spouse Stury	4/4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME which generated more than \$200 in "unearned" exceleding \$1,000 at the end of the reporting perinames of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or od, and (b) any other asset or sources of income duction of income with a fair market value Identify (a) each asset held for investment or pro-Asset and/or Income Source BLOCK A please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of Value of Asset **BLOCK B** Ē the BLOCK C

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 Exclude: Your personal residence(s) (unless of its activities, and its geographic location

Block A. For additional information, see traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting 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 ticker symbols). For all IRAs and other retirement

instruction booklet.

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

None

1 - 1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

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

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example.

See below for

(S) (partial)

as follows: ptease indicate asset is sold,

Other Type of Income

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000

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×

S

(partial)

Royalties

×

DIVIDENDS

INTEREST

CAPITAL GAINS

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Examples

Simon & Schuster Mega Corp. Stock

Indefinite

×

1st Bank of Paducah, KY Accounts

SP

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Pers - Retriement

×

Pers -Kericanes

×

MERIZON-Stock

×

×

×

×

×

American NATE TAS. Co.

X

×

Retiement 1005 AVAL

If an asset was sold during the reporting generated income, the value should be year and is included only because it

(*i.e.*, plans in which you have the power, *even it*

"None."

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portion of an If only a \$1,000 in

reporting year.

all other assets including all IRAs, investments, you may write "NA." For not allow you to choose specific retirement plans or accounts that do vested, should be listed as income. Dividends and interest, even if rein-Check all columns that apply. For ate any income during calendar year. Check "None" if asset did not generindicate the type of income by checkappropriate box below.

Type of Income

vested, should be listed as income. Check "None" if no income was earned or generated Dividends and interest, even if reinchecking the appropriate box below indicate the category of income For all other assets, including all IRAs, not allow you to choose specific invest-ments, you may write "NA" for income.

BLOCK D

For retirement plans or accounts that do Amount of Income exceeding exchanges (E) purchases (P), sales (S), or asset had Iransaction Indicate if the BLOCKE

Fo
additional
assets
and
al assets and unearned income
, use
next
page.

Name
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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. 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

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

Examples: SER JURS FOR PHYSIS Chicago Chamber of Commerce Roycroft Corporation Source 10-61-01 10-12-09 Aug. 6-11 Date(s) DAMES, TX to City of Departure—Destination— EL PASO, TX to DALLAS DC-Los Angeles-Cleveland DC-Chicago-DC City of Return Z Lodging? (Y/N) E z ≺ z (Y/N) 3 Was a Family Member Included? (Y/N) <! z Number of days not at sponsor's expense 2 Days None