

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of ____
**HAND
DELIVERED**

Name: JAMES L. OBERSTAR

Daytime Telephone: (301) 300-0876

2011 FEB -1 PM 2:07

(Office Use Only)

FH

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MN</u> District: <u>08</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 17, 2010)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Termination Date: <u>1/2/2011</u>

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? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" 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)? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	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)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	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? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 ☒ No ☐

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.

Yes ☒ No ☐

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAMES L. OBERTA

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Continuation Sheet (if needed)

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	
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
		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	Over \$50,000,000								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	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000			
SP	CABELA'S INC	X																																S
SP	BLACKBOARD, INC	X																															S	
SP	LARA SHULL, MAY (CASH IN BROKERAGE ACCT)						X										X																S	
SP	WELLS FARGO - CASH							X									X																S	
SP	CEPHEN INC							X																									S	
SP	COHEN & STEERS QUALITY				X												X																P	
SP	CORTEX PHARM			X																													P	
SP	DANALHER CORP			X													X																	
SP	DISNEY			X													X																	
SP	DRUGSTORE.COM							X																										
SP	EXXON MOBIL				X												X																	
SP	FASTENAL CO				X												X																S	
SP	FEDERATED CAPITAL						X																											
SP	FELICITY ST CHARLES						X																											
SP	FINANCING CORP CN						X										X																	
SP	FIRST COMMONWEALTH				X												X																	
SP	GENERAL ELECTRIC					X																											P, S	
SP	HAEMONETICS CORP				X																												P, S	
SP	HARTFORD FINANCIAL	X																																
SP	HARTFORD PUTS	X																X															P, S	
SP	HOME DEPOT		X																															

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JAMES L OBERSTAR

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Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name **JAMES L OBEESTAR**

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Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	L																			
	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	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP UNION BANK OF CALIF.						X							X																		P
SP UNIVERSAL DISPLAY							X											X									X				S (PART)
SP U.S. TREASURY NOTES									X								X														S (PART)
SP W1-LAN INC					X																										P
SP WISDOMTREE MIDCAP						X																									P
SP XEROX							X																								P
SP ZIMMER HOLDINGS					X									X																	P
SP ABSOLUTE STRATEGIES					X																										P
SP AQUILA THREE PEAKS					X																										P, S (PART)
SP ARTIO TOTAL RTN BOND A																															S
SP ARTIO TOTAL RTN BOND I			X																												P, S
SP ARTIO INTL EQUITY				X																											P, S (PART)
SP ASTON RIVER RD SELECTVAL FORMERLY SMALL AND CAP				X													X														S (PART)
SP BLACKROCK INFLATION BD			X																												P
SP CALAMOS MARKET NEUTRAL				X																											P
SP CHAMPLAIN SMALL CO.				X													X														S (PARTIAL)
SP DIAMOND LARGE CAP						X											X														S (PARTIAL)
SP DODGE & COX GLOBAL							X										X														P, S (PART)
SP DOUBLELINE TOTAL RTN				X																											P
SP TANUS MONEY AKT			X																												P
SP MEXICO GLOBAL					X												X														S (PARTIAL)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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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	
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SP		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	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)														
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SCHEDULE IV — TRANSACTIONS

Name

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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 resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "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.

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							PURCHASE	SALE	EXCHANGE		(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	B \$1,001-\$15,000	C \$15,001-\$50,000	D \$50,001-\$100,000	E \$100,001-\$250,000	F \$250,001-\$500,000	G \$500,001-\$1,000,000	H \$1,000,001-\$5,000,000	I \$5,000,001-\$25,000,000	J \$25,000,001-\$50,000,000	K Over \$50,000,000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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SCHEDULE IV - TRANSACTIONS

Name **JAMES L. OBERSTAR**

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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.

SP, DC, JT SP		Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE			B \$1,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
Example: Mega Coporation Common Stock (partial sale)				X			10-12-09		X									
SP	NUANCE COMMUNICATION			X			9-27-10			X								
SP	PIMCO FDS PAC INVT	X					12-8-10 12-15-10				X							
SP	TRINITY INDUSTRIES		X				6-29-10		X									
SP	UNION BANK OF CALIF.	X					10-22-10				X							
SP	UNIVERSAL DISPLAY CORP (PARTIAL SALE)		X			X	8-6-10 12-8-10				X							
SP	U.S. TREASURY NOTES (PARTIAL SALE)			X			3-15-10		X									
SP	WI-LAN INC	X					12-15-10			X								
SP	WISDOMTREE MIDCAP	X					3-1-10		X									
SP	XEROX	X					6-29-10 8-6-10				X							
SP	ABSOLUTE STRATEGIES	X					QUARTLY PURCHASE	X										
SP	AQUILA THREE PEAKS	X					QUARTLY PURCHASE	X										
SP	AQUILA THREE PEAKS (PARTIAL)		X			X	3-8-10 8-16-10	X										
SP	ARTIO TOTAL RTN BOND A			X		X	1-28-10		X									
SP	ARTIO TOTAL RTN BOND I	X					1-28-10		X									
SP	ARTIO TOTAL RTN BOND I		X			X	3-8-10 8-16-10		X									
SP	ARTIO INTL EQUITY	X					QUARTLY PURCHASE	X										

SCHEDULE IV - TRANSACTIONS

Name JAMES L. OBERSTAR Page 1 of 1

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SP, DC, JT	Asset																	
SP	Example: Mega Coporation Common Stock (partial sale)		X				10-12-09		X									
SP	ANTARES PHARMA	X					6-29-10		X									
SP	CABELA'S INC		X		X		3-1-10		X									
SP	BLACKBOARD, INC		X		X		6-29-10			X								
SP	CEPHEID INC (PARTIAL SALE)		X		X		6-29-10			X								
SP	COHEN'S STEERS QUALITY	X					3-1-10	X										
SP	DANAHER CORP	X					3-1-10	X										
SP	FEDERATED CAPITAL (PARTIAL SALE)		X				MONTHLY			X								
SP	HARTFORD FINANCIAL	X					7-19-10 5-24-10			X								
SP	HARTFORD FINANCIAL		X				8-23-10 6-21-10			X								
SP	HARTFORD PUTS	X					MONTHLY	X										
SP	HARTFORD PUTS		X			X	MONTHLY		X									
SP	JOHN HANCOCK REG BK	X					DIV REINV 6-29-10		X									
SP	MARTEK BIOSCIENCE	X					9-27-10			X								
SP	MARTEK BIOSCIENCE		X			X	12-22-10 12-28-10			X								
SP	MEAD JOHNSON	X					6-29-10 8-6-10			X								
SP	MEAD JOHNSON (PARTIAL)		X			X	12-8-10 12-15-10			X								

SCHEDULE IV — TRANSACTIONS

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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.

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SCHEDULE V - LIABILITIES

Name **JAMES L. OBESTAR**

Page **1** of **1**

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, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
SP	WELLS FARGO	MARGIN ACCOUNT ON INVESTMENTS			X								

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.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
FRANCIS GUYARD RATTLE F/A CHAMBER OF COMMERCE	TRIP TO FRANCE - MRS. OBESTAR WON IN RAFFLE	\$5689.02

Name <u>JAMES L. OBERSTAR</u>	Page <u> </u> of <u> </u>
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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.

[illegible]

SCHEDULE VII—POSITIONS

Name **JAMES L. OBERSTON**

Page -- of --

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 other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

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.

Position	Name of Organization
BOARD OF TRUSTEES (POSITION BY FEDERAL STATUTE)	JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS
BOARD OF TRUSTEES (POSITION BY FEDERAL STATUTE)	INTERNATIONAL INSTITUTE FOR SURFACE TRANSPORTATION POLICY STUDIES
HONORARY BOARD MEMBER	GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER, CANCER CENTER ADVISORY BOARD
NATIONAL ADVISORY COUNCIL MEMBER	ACTIVE LIVING BY DESIGN - UNIVERSITY OF NORTH CAROLINA

SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement