

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

Michael C Burgess, M.D.

(Full Name)

202-225-7772

(Daytime Telephone)

2011 JUN 24 PM 4:56
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: TX District: 26	<input type="checkbox"/> Officer Or Employee	Employing Office:	U.S. House of Representatives
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	U.S. House of Representatives

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 type="checkbox"/> No <input checked="" 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 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 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?	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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C Burgess, M.D.

BLOCK A Asset and/or Income Source 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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any other property held for investment or production of income.	BLOCK B Year-End Value of Asset 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."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
see attached pages 2A and 2 B				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Page 2A

SP, DC, JT	ASSET and/or INCOME SOURCE	YEAR END VALUE OF ASSET	TYPE OF INCOME	AMOUNT OF INCOME	TRANSACTION
	LAKE POINT MEDICAL REALTY GP, LLC	\$1 - 1,000	PARTNERSHIP INCOME	\$201 - 1,000	
	LAKE POINT MEDICAL REALTY LTD	\$100,001 - 250,000	PARTNERSHIP INCOME	\$201 - 1,000	P
	DALE OPERATING GAS LEASE	NONE		NONE	
JT	74.845 ACRES LAMAR COUNTY, TX	\$100,001 - 250,000		NONE	
	5 ACRES TALKEETA, AK NOTE RECEIVABLE	\$15,001 - 50,000	INTEREST/CAPITAL GAINS	\$1,001 - 2,500	
	1 ACRE 1831 CROW ST., DENTON, TEXAS	\$15,001 - 50,000		NONE	
	4637 IVANHOE DR, FT. WORTH, TEXAS	\$50,001 - 100,000		NONE	
	2.5 ACRES HARBOR SOUTH, ARKANSAS	\$15,001 - 50,000		NONE	
	Note Receivable: Wise Co Prop, Lewisville, TX	\$1,001 - 15,000	NONE	NONE	
	COMPASS BANK	\$1 - 1,000	INTEREST	\$1 - 200	
	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	\$1 - 1,000		NONE	
	FIRST SECURITY BANK ACCOUNT	\$1,001 - 15,000	INTEREST	\$1 - 200	
	NORTHWESTERN MUT LIFE INS CO	\$1 - 1,000		NONE	
	NORTHWESTERN MUT LIFE ANNUITY (IRA)	\$15,001 - 50,000	DIVIDENDS	\$1,001 - 2,500	P
SP	METLIFE	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	BANK DEPOSIT SWEEP COMBINED	\$1 - 1,000	INTEREST	\$1 - 200	
	ALCATEL LUCENT ADS	\$1 - 1,000		NONE	
	CISCO SYSTEMS INC	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	GENERAL ELECTRIC	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	ISHARE DJ US TFCM SCT IDX	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	LIMITED BRANDS	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	MICROSOFT	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	UNITED PARCEL SERVICE	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	GENWORTH VARIABLE ANNUITY PLUS	\$15,001 - 50,000	DIVIDENDS	\$201 - 1,000	
SP	ALCATEL LUCENT ADS (IRA)	\$1 - 1,000		NONE	
SP	AMERICA MOVIL SA DE CV (IRA)	\$15,001 - 50,000	DIVIDENDS	\$1 - 200	E,P
SP	BERKSHIRE HATHAWAY CL B (IRA)	\$1,001 - 15,000		NONE	P
SP	PEIZER INC. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	STRYKER CORP. (IRA)	\$15,001 - 50,000	DIVIDENDS	\$201 - 1,000	
SP	TELEFONOS DE MEXICO (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	TELMEX INTERNACIONAL (IRA)	NONE		NONE	E,S
SP	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	MF'S SERIES TRUST II - GROWTH FD (IRA)	\$1,001 - 15,000		NONE	
	AT&T (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	ABBOTT LABS (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	AMERICA MOVIL SA DE CV (IRA)	\$15,001 - 50,000	DIVIDENDS	\$1 - 200	E,P
	BERKSHIRE HATHAWAY CL B (IRA)	\$1,001 - 15,000	DIVIDENDS	NONE	P
	CIGNA CORP. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	CITADEL BROADCASTING CORP (IRA)	NONE		NONE	S
	WALT DISNEY CO. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	FORD MOTOR CO. (IRA)	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	GENERAL ELECTRIC (IRA)	\$1 - 1,000	DIVIDENDS	NONE	
	HOSPIRA INC. (IRA)	\$1 - 1,000		NONE	
	INTEL CORP. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	IBM CORP. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	ISHARES TREAS INFLATION PROT SECS (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	MEDCO HEALTH SOLUTIONS (IRA)	\$1,001 - 15,000		NONE	
	MERCK AND CO. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	

[illegible]

SCHEDULE IV - TRANSACTIONS

Name Michael C Burgess, M.D.

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
	Please see attached page: 3A				

SCHEDULE IV - TRANSACTIONS				3A
SP, DC, JT	ASSET	TYPE OF TRANSACTION	DATE	AMOUNT OF TRANSACTION
JT	LAKE POINT MEDICAL REALTY LTD *	P	12/31/2010	\$1,001 - 15,000
	FIDELITY VALUE	S	7/16/2010	\$15,001 - 50,000
	STRYKER CORP.	S	9/8/2010	\$1 - 1,000
	POWERSHARES ZACKS MICRO CAP INDEX	S	7/26/2010	\$1 - 1,000
	VANGUARD HEALTHCARE INDEX	S	9/8/2010	\$1 - 1,000
	BERKSHIRE HATHAWAY CL B (IRA)	P	1/29/2010	\$1,001 - 15,000
SP	BERKSHIRE HATHAWAY CL B (IRA)	P	1/27/2010	\$1,001 - 15,000
	NORTHWESTERN MUT LIFE ANNUITY (IRA) ***	P	12/31/2010	\$1,001 - 15,000
	CITADEL BROADCASTING CORP (IRA) ****	S	12/31/2010	NONE
SP	TELMEX INTERNACIONAL (IRA) *****	E,S	1/13/2010	\$1,001 - 15,000
	TELMEX INTERNACIONAL (IRA) *****	E,S	1/13/2010	\$1,001 - 15,000
SP	AMERICA MOVIL SA DE CV (IRA) *****	E,P	1/13/2010	\$1,001 - 15,000
	AMERICA MOVIL SA DE CV (IRA) *****	E,P	1/13/2010	\$1,001 - 15,000
	* ADDITIONAL CAPITAL CONTRIBUTED			
	** ERRONEOUSLY OMITTED FROM PRIOR YEAR REPORTS			
	*** DIVIDEND REINVESTMENTS IN EXCESS OF \$1,000			
	**** COMPANY DECLARED BANKRUPTCY; STOCK WORTHLESS			
	***** TELMEX INTERNACIONAL SHARES ACQUIRED BY AMERICA MOVIL THROUGH EXCHANGE OF STOCK			
		KEY		KEY
		P = PURCHASE		\$1 - 1,000
		S = SALE		\$1,001 - 15,000
		E = EXCHANGE		\$15,001 - 50,000
				\$50,001 - 100,000
				\$100,001 - 250,000
				\$250,001 -

SCHEDULE V - LIABILITIES

Name Michael C Burgess, M.D.

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America	Feb 2000	Mortgage on 4637 Ivanhoe, Ft Worth, TX	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael C Burgess, M.D.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 reimbursed or paid directly 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Alliance for Health Reform funded by a grant by the Commonwealth Fund	Jan. 15-17	Dallas/Ft Worth to Ft Lauderdale, FL to Dallas/Ft Worth	Y	Y	N	0 Days

SCHEDULE VIII - POSITIONS

Name Michael C Burgess, M.D.	
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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 of Trustees (Retired Member)	Medical Center of Lewisville, TX

MICHAEL C. BURGESS, M.D.
26TH DISTRICT, TEXAS



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ENERGY AND COMMERCE

SUBCOMMITTEES:
HEALTH
VICE CHAIRMAN

OVERSIGHT AND INVESTIGATIONS
ENERGY AND POWER

JOINT ECONOMIC COMMITTEE

CONGRESSIONAL HEALTH CARE CAUCUS,
CHAIRMAN

Congress of the United States
House of Representatives
Washington, DC 20515-4326

DISTRICT OFFICES:

☐ 1660 SOUTH STEMMONS FREEWAY
SUITE 230
LEWISVILLE, TX 75067
(972) 434-9700

☐ 1100 CIRCLE DRIVE
SUITE 200
FORT WORTH, TX 76119
(817) 531-8454

June 15, 2011

Ms. Karen L. Haas
Clerk of the House
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Dear Karen,

As I prepared to file my 2010 Financial Disclosure Statement I reviewed the top 10 Financial Disclosure Mistakes flier that was included in this year's packet. Mistakenly, I inadvertently exclude the life insurance policies that my wife and I hold.

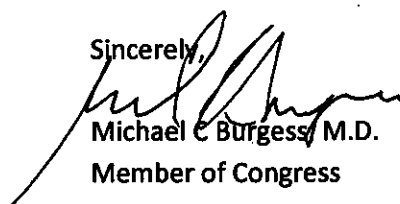
In my 2010 submittal I will include the following policies not previously recorded in earlier years. They are:

Insured	Company	Value of Asset	Year
Michael C. Burgess	Northwest Mutual Life Insurance 65 LIFE	100,001 -250,000	1987
	Northwest Mutual Life Insurance 65 LIFE	50,001 -100,000	1988
	Northwest Mutual Life Insurance 65 LIFE	50,001 – 100,000	1989
	Northwest Mutual Life Insurance 65 LIFE	100,001 – 250,000	1991
	Northwest Mutual Life Insurance 65 LIFE	100,001 – 250,000	1991
Laura L Burgess	Northwest Mutual Life Insurance 90 LIFE	15,001-50,000	1997

I have reviewed the value of these policies for the last several years and would note that the holdings and values have remained the same.

I appreciate your understanding.

Sincerely,


Michael C Burgess, M.D.
Member of Congress