	Z O	ild Yes ∷	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.	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first Standards of Official Conduct.
	No 🌂	Yes	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?	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Offici trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?
	ļ	STIONS	RMATION ANSWER EACH OF THESE QUES	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS
			schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
	propriate	and the ap	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?
	<u></u>		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	₹ ₹	outside Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes Volume No.
	 N <u> </u>	Yes	77 X	III. more than \$200 in the reporting period or hold any reportable asset worth Yes No more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
		ng in the		
				If yes, complete and attach Schedule II.
	S	e travel or an \$335 Yes	(≤ .≦	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? Yes No
			If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	No C	e gift in nerwise Yes	ڃ	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
			SE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
	30 days	more than 30 days late.	Termination Date:	Type Annual (May 15) Amendment Ter
	10 files	anyone who files		
_	ed against	A \$200 penaity snaii be assessed against	9 (100)	House of Representatives District
	198 198 20 No 198 19 19 19 19 19 19 19 19 19 19 19 19 19		Officer Or Employing Office:	Member of the U.S. State: CA
Ne	ke Only)	(Office it	(Daytime Telephone)	(Full Name)
	2010 MAY 14 PM 3: 53	2010 MA	202-225-2511	Thomas M McClintock
	LEGISI ATIVE RESOURCE CLAC	TGIS! AT		
	!		For use by Members, officers, and employees	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
	DELIVERED	ב	S FORM A Page 1 of 6	UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I - EARNED INCOME

Name Thomas M McClintock

Page 2 of 6

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.

4 3 4 4 4 4		
Source	Туре	Amount
First Baptist Church of Elk Grove	Spouse Salary	\$35,905.98

JT Wells Fargo Bank, CA Accounts	SP Security Benefits	SP Oppenheimer Funds	Bank of New York Mellon	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.	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.	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.		¥	duction of income with the reporting period, lich generated more	Asset and/or Income Source	вгоска
\$15,001 - \$50,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000			it is generated income, the value should be "None."	method used. If an asset was sold and is included only because	year. If you use a valuation method other than fair market value,	Value of Asset	Year-End	BLOCK B
Interests	NA	N A	Dividends		•	Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	other assets including all IRAs, indicate the type of income by checking the appropriate box below.	not allow you to choose specific investments, you may write "NA". For all		Type of Income	BLOCK C
\$1 - \$200	NA	NA	\$1 - \$200			if reinvested, should be listed as income. Check "None" if no income was earned or generated.	of income by checking the appropriate box below. Dividends and interest, even	investments, you may write "NA" for income. For all other assets, including all	For retirement plans or accounts that do not allow you to choose specific	Amount of Income	BLOCK D
							reporting year.	exchanges (E) exceeding \$1,000 in	Indicate if asset had purchases	Transaction	BLOCK E

SCHEDULE IV - TRANSACTIONS

Name Thomas M McClintock

Page 4 of 6

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	SP, DC, JT
Oppenheimer Funds	Asset
P	Type of Transaction
N/A	Capital Gain in Excess of \$200?
Monthly	Date
\$1,001 - \$15,000	Amount of Transaction

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas M McClintock

Page 5 of 6

spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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 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,

					Days not at
Point of I Source Date(s) Destination	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	ng? Food? Member Included? (Y/N) (Y/N)	sponsor's expense
Club for Growth Mar. 6-8 DC-Palm Beach, FL-DC	ch, FL-DC	Υ	Y	Υ	None
American Israel Aug. 1-9 DC-Tel Aviv-DC Education Foundation	Ö	≺	→	∀	None

SCHEDULE IX - AGREEMENTS

Name Thomas M McClintock

Page 6 of 6

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; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

employee wellar	compression across pressings and a contract compression	
Date	Parties To	Terms of Agreement
2008- Present	State of California	Pension annuity for service in CA State Legislature