

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

HAND DELIVERED

Peter A. Defazio

(Full Name)

202-225-6416

(Daytime Telephone)

2009 MAY 12 PM 12:12

(Office Use Only)

MC

Filer Status ☒ Member of the U.S. House of Representatives State: OR District: 04

☐ 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"/>
II. If yes, complete and attach Schedule I. 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. If yes, complete and attach Schedule VI. 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"/>
III. If yes, complete and attach Schedule II. 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. If yes, complete and attach Schedule VII. 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"/>
IV. If yes, complete and attach Schedule III. 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 checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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 <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
City of Eugene Oregon	spouse salary	
US Government	self salary	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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 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. 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. 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.	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 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.	BLOCK D Amount of Income 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.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
self wright patman FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self SELCO CU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self Oakmark Select Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
self Bank of New Zealand	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
self ASB Bank	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
self Cape Cod Five Cents Savings Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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self	ira commonwealth Fund	None	DIVIDENDS	\$1 - \$200	S
self	ira Washington Mutual	None	CAPITAL GAINS	\$201 - \$1,000	PS
self	ira Schnitzer Steel	\$1,001 - \$15,000	None	NONE	P
self	ira General Motors	\$1,001 - \$15,000	None	NONE	P
JT	1/4 share rental 36 Hempleman Akaroa NZ	\$100,001 - \$250,000	RENT	\$1,001 - \$2,500	
JT	rental 335 Anakiwa Anakiwa NZ	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP	Pacific Cascade FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	IRA Oakmark Equity Income	\$15,001 - \$50,000	None		
SP	Bank Of New Zealand	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Sentinel Balanced fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	American Guaranty and Trust CO. Helen Brown Trust	\$1,001 - \$15,000	inheritance	\$5,001 - \$15,000	proceeds received
SP	def comp. ing Baron Growth	None	None		S
SP	def comp ing PIMCO Total Return	\$15,001 - \$50,000	None		P
SP	def comp ing Fidelity Contra Fund	\$15,001 - \$50,000	None		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	def comp ing ING fixed	\$100,001 - \$250,000	None	
SP	def comp ing Euro Pacific Growth	\$15,001 - \$50,000	None	

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	Date	Amount of Transaction
SP	American Guaranty and Trust CO. Helen Brown Trust	inheritanc	01-18-08	\$1,001 - \$15,000
SP	def comp ing PIMCO Total Return	P	01-18-01	\$15,001 - \$50,000
SP	def comp. ing Baron Growth	S	01-18-08	\$15,001 - \$50,000
self	ira commonwealth Fund	S	04-08-08	\$1,001 - \$15,000
self	ira General Motors	P	09-29-08	\$1,001 - \$15,000
self	ira Schnitzer Steel	P	10-07-08	\$1,001 - \$15,000
self	ira Washington Mutual	P	09-12-08	\$1,001 - \$15,000
self	ira Washington Mutual	S	09-19-08	\$1,001 - \$15,000
self	Oakmark Select Fund	P	monthlu auto purchase by payroll deduction	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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	Type of Liability	Amount of Liability
JT	Countrywide	mortgage 53880 Pine Grove Lapine Oregon	\$15,001 - \$50,000
JT	Bank Of New Zealand mortgage	36 Hempleman Akaroa New Zealand	\$10,001 - \$15,000
JT	Bank of New Zealand mortgage	335 Anakiwa Anakiwa New Zealand	\$50,001 - \$100,000