Yes No X	child because nduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trans irst consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilitie they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee
Yes No X	d trusts" need not	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on Standards ng you, your sp	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
DESTIONS	OF THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the 'Yes" response.	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No  X	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	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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 No	or before the date	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.	N <sub>o</sub>	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 No X	d receive any in the reporting )?	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.	<b>8</b> ⊠	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 No X	receive any regating more	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  X	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
Fi		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
against anyone who files more than 30 days late.	against anyone than 30 days late	Termination Date:	Employee	
A \$200 penalty shall be a sessed	A \$200 pena	r Employing Office:	Officer or	
OFFIC Collegips only.	OFFICE OFFICE OFFI			
2010 MAY 13 PM = 00 1 /	2010 MAY 1	Daytime Telephone: 202.775.6116	Daytime T	Name: Wellie Propree
LEGIS! ATIVE RESOURCE CLNT!	LEGIS! ATIVE F			
HAND	0	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
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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.  Source  Approved Tacking For	its received under the Social Ser Type	Amount
Examples: State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	\$9,000 \$1,000 NA
NA		
		5 5 5 5

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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb. 2, 2009 Aug. 13, 2009	\$2,000 \$500
NA			
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(S) (partial) See below for example.  P, S, E	\$1,000,001 – \$5,000,000 Over \$5,000,000	\$100,001 - \$1,000,000	\$15,001 - \$50,000 \$50,001 - \$100,000	\$5,001 - \$15,000 \$15,001 - \$50,000	\$2,501 - \$5,000	\$1,001 - \$2,500	\$201 - \$1,000	\$1 <b>-</b> \$200	None	Other Type of Income (Specify: For Example, Partnership Inco	EXCEPTED/BLIND TRUST	CAPITAL GAINS	INTEREST	RENT	DIVIDENDS	NONE	Over \$50,000,000	\$25,000,001 - \$50,000,000	\$5,000,001 - \$25,000,000	\$1,000,001 - \$5,000,000	\$500,001 - \$1,000,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$50,001 - \$100,000	\$1,001 - \$15,000 \$15,001 - \$50,000	\$1 - \$1,000	None #1 000		instruction booklet. <b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and 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.	Exclinistru Exclinistru Exclinistru Exclinistru Exclinistru Exclinistru Opur Parer P
please indicate as follows:					<del></del> .		· · · · · · · · · · · · · · · · · · ·			me or Farm																		publicly nature ution in	period. For an active business that is not publicly 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 the contraction of the section of the sec	perio trade of its
If only a portion of an	×	<del>≡</del> ×	<u>\</u>	<u>≤</u> <	_ <		<u>=</u>	=		ı Income)							<u></u>	<u> </u>	د		I		П			_ <del>_</del>	> 		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 property and its value at the good of the constitution.	each repor
exceeding \$1,000 in reporting year.	vested, should be listed as income. Check "None" if no income was earned or generated.	as ir was	me in	inco		о е	vested, sho Check "None or generated	genre genre	우 <b>요 동</b> 5	د تد ∸ تو	rest, clisted listed set did and cal	s and interes nould be list none" if asset come during	and build	nds , sho "Nor	Dividends and intervested, should be li vested, should be li Check "None" if assi ate any income durin	Che ate	ğ ≒ ğ	ortir Jse	It an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	y by ue s	onl val	d dr the	me,	was nco	ලේ පු දි	nas rar erat ne."	If an asset year and generated "None."		names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed ( <i>i.e.</i> , plans in which you have the power, even if not exercised, to select the specific investments).	name ticker plans (i.e.,
purchases (P), sales (S), or exchanges (E)	ments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below.	for in for incorporate box	Tate of NA:	rac ite	nay write "NA" assets, includicategory of appropriate appropriate appropriate	ma rase rase he a	ments, you nents, you nents, you ne For all other all other all other all other the checking the	rall focat		not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate hox below.	choose choose ay write 'ay write 'cluding 'cluding 'cluding 'income to hox	ээг <u>э</u> ө <b>э</b> т т т т т т т т т т т т т т т т т т т	you sets type	ow nents ar as	not allow you to investments, you ma all other assets <i>inc</i> indicate the type of it indicate the appropriate	<u>.</u> <u></u>	, <del>0</del>	uatic /aluu	reporting year. If you use a valuation method other than fair market value, please specify the method used.	reporting year. If you use a vamethod other than fair market please specify the method used.	use hod	you met	thai	ear. her cify	spector of y	ortin hod Ise	repo met plea		exceeding \$1,000 at the end of the reporting period od, and (b) any other asset 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	excey od, a which incom
asset had	For retirement plans or accounts that do	unts	eus Josof	or s	olans Chr	t the	irem	₽ĕ	ξĘ	that apply. For		mns		ᆲ	Check all columns	를 <u></u>	앜	se (	value of asset at close of	at	set	as	<u>o</u>	alue	<u>۷</u>	cate	Indicate		duction of income with a fair market value	Ident
Transaction		me	Amount of Income	와  -	Ħ	Jou	₽			me	Income	Type of I	рe	₹						et	Value of Asset	of $\lambda$	E	<u> </u>				Ö	Asset and/or Income Source	
BLOCK E			J	S	BLOCK	_					χ O	BFOC¥	Щ								Φ	BLOCK B	BLC						BLOCK A	
							$\  \ $		$\  \ $								1	[			1	[			1		Í			Ì

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Continuation Sheet (if needed)  $\dashv$ SP В Asset and/or Income Source Nebo Ladge Jorga Haway ME Maddian and None 8 \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 -- \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 \$250,001 - \$500,000 **I** \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT **INTEREST** of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$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 Transaction BLOCK E ரைவு 으

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	~	2 Days
AM						
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#### SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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
Oxhor	Nelso lodge (MC
	Nelson lodge lead Shote

### 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