	Yes ☐ No ✔		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.	æts, "unearned" i Do not answer "y	Exemptions— Have you excluded from this report any other as:  because they meet all three tests for exemption?  Standards of Official Conduct.
	Yes No 🗸		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?	red by the Commit d from this report	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Of trusts" need not be disclosed. Have you excluded from this report details of such a trust child?
	S	STIONS	ATION ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.
	) appropriate	d and the	Each question in this part must be answered and the appropriate	Yes V No	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.
	Yes No 🗸	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting
	1		If yes, complete and attach Schedule VIII.	:	If yes, complete and attach Schedule III.
	Yes 🗸 No 🗌	iling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1 000 at the and of the period?
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.
	Yes No 🗸	ble travel or han \$335	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No 🗸	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?
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.
	Yes 🗌 No 🗸	ble gift in therwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes 🗌 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
*		:	QUESTIONS	OF THESE (	PRELIMINARY INFORMATION ANSWER EACH
	,	late.	ation	☐ Termination	Type (☑) Annual (May 15) ☐ Amendment
	more than 30 days	more th	Termination Date:		Report
	be assessed against	be assu	Employee	700	<i>v</i> i
(	A \$200 penalty shall	A \$200	Officer Or Employing Office:		Member of the U.S. State: NE
ב ה ה	(Office Head IN TOTAL	(Offi	(Daytime Telephone)		(Full Name)
			202-225-6435		Adrian Michael Smith
1 1		:			
: LO	2010 K K Y 1 7 PM L: 40	) ) !!!	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
CENTERY	LEGISLATIVE RESOURCE CENTERY	LEGISL	FORM A Page 1 of 5	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES
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SCHEDULE III -
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Name Adrian Michael Smith

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State Farm Roth IRA -State Farm Mutual Funds	State Farm Roth IRA -State Farm Mutual Funds Bond Funds	Nebraska Teacher Retirement Lincoln, Ne	My Other Garage (Mini-Storage Business) Gering, NE	Congressional Credit Union (Washington, DC)	Asset and/or income Source  Asset and/or 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 refirement 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 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 refirement 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.
\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$100,001 - \$250,000	\$1,001 - \$15,000	Pear-End  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."
DIVIDENDS	DIVIDENDS	INTEREST	RENT	INTEREST	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.
\$1,001 - \$2,500	\$1,001 - \$2,500	\$1 - \$200	\$15,001 - \$50,000	\$1 - \$200	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.

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Adrian Michael Smith	ichael Smith		Page 3 of 5
	State Farm Roth IRA -State Farm Mutual Funds	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	State Farm Roth IRA -State Farm Mutual Funds Small Cap Index	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	State Farm TSA Bloomington, IL	\$1,001 - \$15,000 INTEREST	INTEREST	\$201 - \$1,000	
	Vacant Lot Ogallala, NE (1/3 interest)	\$15,001 - \$50,000	None	NONE	
	Valley Bank and Trust (Scottsbluff, NE)	\$1,001 - \$15,000	None	NONE	

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Name Adrian Michael Smith

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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.

Valley	SP, DC, JT	
Valley Bank and Trust (Gering, NE)	Creditor	
real estate investment (My Other Garage)	Type of Liability	
\$50,001 - \$100,000	Amount of Liability	

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## SCHEDULE VIII - POSITIONS

Name Adrian Michael Smith

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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 Member	Leadership Institute's Congressional Advisory Board
Board Member	Nebraska State Historical Society Foundation
Board Member	ThankUSA's Congressional Advisory Board