more than 30 days late.	Termination Date:	☐ Termination	Amendment	Report Type Annual (May 15) Amendment
A \$200 penalty shall be assessed against anyone who files	Employing Office:	☐ Officer Or Employee	State: GA es District: 10	Filer Member of the U.S. Status House of Representatives
U.S(Office Use Only)	(Daytime Telephone)		(Full Name)	(Full N
2011 AUG 12 PM 1: 42	202-225-4101		BROUN	PAUL C. BROUN
The state of the s				
HAND DELIVERED	FORM A Page 1 of 7 For use by Members, officers, and employees	VES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<u>ו</u>	The second section is a second section of the second section s	ľ	l	Ľ	Ľ					l
-	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 ✓ No	Z	<u></u>		.≤	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 🗌 No 🗸		7
	If yes, complete and attach Schedule I.						If yes, complete and attach Schedule VI.			
	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 □ No ☑	z	ō ₽		≨	se, or a dependent child receive any reportable travel or travel in the reporting period (worth more than \$335	Yes No	<u> </u>	Z
	If yes, complete and attach Schedule II.	·		ſ	<u> </u>		from one source)? If yes, complete and attach Schedule VII.	ŀ	I	
П.	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 neglod?	Yes 🗸 No 🗌	z	ō		≨	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No		z
	If yes, complete and attach Schedule III.						If yes, complete and attach Schedule VIII.			
١٧.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	Yes □ No ☑	z	ō ₽	_	ᆽ	Did you have any reportable agreement or arrangement with an outside entity?	Ves No	ן ע	Z
	If yes, complete and attach Schedule IV.						If yes, complete and attach Schedule IX.			
<u>.</u>	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes No 🗸	z	ਰ ਵਾ		į	Each question in this part must be answered and the appropriate	appro	ģ	<u>~</u>
	If yes, complete and attach Schedule V.						schedule attached for each "Yes" response.	,		
ļ			i	l	1					ı

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Exemptions	Trusts-
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.	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 🗌 No 🗹	Yes 🗌 No 🗸

SCHEDULE I - EARNED INCOME

Name PAUL C. BROUN

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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	Amount
Global Trans Services Spouse Translator Services N/A	
Georgia Legislative Retirement System Death Beneficiary \$2,469	

Rollover IRA as follows	First Eagle Global Class C	Fidelity Advisor New Insights Class C	SEP IRA as follows:	Fidelity Advisor New Insights Class C	Fidelity Advisor Japan Class C	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 an ownership interest in a privately-held business that is not publically 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 the reporting the reporting the station of the second homes and characters.
	\$1,001 - \$15,000	\$1,001 - \$15,000		\$1,001 - \$15,000	\$1,001 - \$15,000	Year-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."
	None	None		DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	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.
	NONE	NONE		\$1 - \$200	\$1 - \$200	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.

SCHEDU	Fidelity Advisor New Insights Class C First Eagle Global Class C Rydex US Government Core Moneymarket Investor DC American Capital World Growth & Income Fund Class C	Name \$1,001 - \$15,000 \$15,000 \$15,000 \$15,000 \$15,000	PAUL C. BROUN None None DIVIDENDS	
American Growth &	Capital World Income Fund Class C	\$1,001 -		DIVIDENDS
Fidelity Class C	Fidelity Advisors New Insights Class C	\$1,001 - \$15,000		DIVIDENDS/CAPI TAL GAINS
<u> </u>	First Eagle Global Class C	\$15,001 - \$50,000		DIVIDENDS
	John Hancock Classic Value Class C	\$1,001 - \$15,000		CAPITAL GAINS/DIVIDEN DS
	Rydex US Government Core Moneymarket Investor	\$15,001 - \$50,000		INTEREST
	Thornberg Investment Income Builder Fund Class C	\$1,001 - \$15,000		CAPITAL GAINS/DIVIDEN DS
	Fidelity Advisor Japan Class C	\$15,001 - \$50,000		DIVIDENDS/CAPI TAL GAINS
	McIntosh Commercial Bank S- Corporation Stock (only asset held in 33.33% Membership Interest in Broun Brother's Investments, LLC	\$250,001 - \$500,000		LLC Company Membership Interest
	Bank of America stock	\$1,001 - \$15,000		DIVIDENDS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name PAUL C. BROUN	BROUN		Page 5 of 7
Bank of America stock \$1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
National Life Insurance \$1 Company account \$1	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name PAUL C. BROUN

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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,

None	Z	~	4	March 5-6 Atlanta, GA-Palm Beach- Atlanta, GA	March 5-6	Club for Growth
None	Z	Υ .	Υ.	Jan 14-16 DC-Charlottesville-Athens, GA Y	Jan 14-16	The Heritage Foundation
Days not at sponsor's expense	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE VIII - POSITIONS

Name PAUL C. BROUN

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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.

imited Liability Company Member Broun Brother's Investments, LLC	Position
ments, LLC	Name of Organization