Yes No	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 No	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?
QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
swered and the "Yes" response.	iability (more than \$10,000) during the reporting period? Yes No More than \$10,000) during the reporting period? No More than \$10,000 during the reporting period? No More than \$10,000 during the reporting period? Appropriate schedule attached for each "Yes" response.
No 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	83 Yes No
Yes No No	Yes No
Yes No No	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 Wi. 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.
	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Status Member of the U.S. State: T. K. Officer or Employing Office: A \$200 penalty status House of Representatives District: 2 Employee Report Nype Annual (May 17, 2010) Amendment Termination Date: than 30 days late
2010 JUN -3 PH 2: 09	Victor + Snyder Daytime Telephone: 202-225-2506 Me
LEGISLATIVE RESOURCE OCH IL	
HAND, DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES Form A CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees

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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) totalling \$200 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 incor exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), tederal retirement programs, and benefits received under the Social Security Act.

						Wapan Wharter United Mathedist Charle	United Mchadet Church General Boad of Pension + Indiana	Examples: State of Maryland Civil War Roundtable (Oct. 2nd) Ontano County Board of Education	Source
						Laper Samon	Spanie DES, lity Pat	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	Туре
	The state of the s	transmission in the contract of the contract o		Planting I do the street of th	The second control of	NA	NA	\$6 000 \$9 000 \$1 000	Amount

For payments to charity in lieu of honoraria, use Schedule II.

Name	-
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Page 3 of 3	

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.

Poposition is the manager in education of the manager in the manag	ming package.		
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
NoNe	Pilloto	Vog. 15, 5003	\$500
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Ark Damind Defend Come	Vonglat Stack MET-SEP-TRA	Vang Ham Mony Mit 589-TRA	Van grand ot 25 to Mrt	Vanduary treasury Hanes Het	DWS Schadder Later Amer fund	is: but to national, or Augurits	- Surry Court	SP. Mega Corp. Stock	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rerital 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 40 f(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 to 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 threaded, state the name of the business that are not self-directed, name the instruction booklet. Exclude: 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 sibiling; any deposits totaling \$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.	BLOCK A
48523	E £ 69	* 21,245	06518 18		17072	>	Indefinite	×	Value of Asset	вгоск в
		X	><		×	×	Royatties	X	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 check, fing 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 calendar year. Other Type of Income (Specify: For Example, Partnership Income)	BLOCK C
X	×		×		×	×	×	×	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 Check "None" it no income by checking the appropriate box below. \$2,501 - \$2,500 V V V V V V V V V	BLOCK D
(7)// = m =		!		1				S (partial)	Transaction Indicate if the asset had purchases (P), or exchanges (E) exceeding \$1,000 in reporting year If only a portion of an asset is sold, please indicate as follows (S) (partial) See below for example.	BLOCK E

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Vic Snyller Page of

	50	30	95				74 DC 84	
Sicol of Pension sthats of Little hads More	United Medical Personal	and Penje	Paldingha Patricy IRA	Drayhar Frynda Drawn In	For Liguidans	Wills Farge Every MKT JRA		Asset and/or Income Source
							None ➤	
	14 3		1	1 ×	14	74	\$1 - \$1,000	1
	1 .	~					\$1,001 - \$15,000	1
	20	W	5	2-		-	\$15,001 - \$50,000	 <
	-J-13_V	7 47	10	615	1	7	\$50,001 - \$100,000 m	Year-End Value of Asset
	100) W	0	~ a	2	₹	\$100,001 – \$250,000	
	00 %	2 (90	7-4	2	5	\$250,001 ~ \$500,000 ଦ	Year-End
	44	10	V	でいる	5	7	\$500,001 \$1,000,000	าเราส
							\$1,000,001 \$5,000,000] 🖺
							\$5,000,001 - \$25,000,000 -	1
							\$25,000,001 - \$50,000,000	1
							Over \$50,000,000]
				$\times \times$			NONE	
	XX		X		X	XX	DIVIDENDS	1
			-[RENT	1
	XX	X			11		INTEREST	1 o _
			X				CAPITAL GAINS	┇┖┋
							EXCEPTED/BLIND TRUST	Type f Incon
							Other Type of Income (Specify)	Type of Income
							None –	1
			1-1		X	X	\$1 - \$200 =	
	×	X				X	\$201 - \$1.000] ≱
			1				\$1,001 - \$2,500	₹
							\$2,501 - \$5.000 <	5 2
			X		1		\$5.001 - \$15,000 S	nt of Ir
			17				\$15,001 - \$50,000 ≦	S ô
			1 1				\$15.001 - \$50.000 \(\leq \) \(\	8
			1				\$100,001 - \$1,000,000	BLOCK D Amount of Income
				1			\$1,000,001 - \$5,000,000	
			1 1				Over \$5.000,000	
					:		ם" עז ש	BLOCK E Transaction

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SCHEDULE IV -- TRANSACTIONS

Name

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that

Fra SP, DC, Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. resulted in a capital loss. Provide a brief description of any exchange trans-action. Exclude transactions between you, your spouse or dependent chilŝ レスマング Mega Coporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 markly Quarterly, Monthly, or (MO/DAY/YR) ų Bi-weekly, if applicable 10-12-09 7 Date 109 \$1,001-Œ \$15,000 \$15,001-O \$50,000 \$50,001-\$100,000 **Amount of Transaction** O C \$100,001m \$250,000 \$250,001-T \$500,000 \$500,001-Ω \$1,000,000 \$1,000,001 I \$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 <u>د</u> Over 木 \$50,000.000

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	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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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.

				DC.	SP	
		Vone	Example: First Bank of Wilmington, Delaware			
			Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	B	
				\$15,001- \$50,000	C	
				\$50,001- \$100,000	0	
			×	\$100,001- \$250,000	LI.	Amo
				\$250,001- \$500,000	च	unt of
	-			\$500,001 \$1,000,000	G	Amount of Liability
				\$1,000,001- \$5,000,000	I	ity
		 	_	\$5,000,001 \$25,000,000		
	-	_	-	\$25,000,001 \$50,000,000 Over	-	
_ {		 	Ĺ	\$50,000,000	ス	

SCHEDULE VI - GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Control		
Frample Mr Incent H Smith Andrew Assets	Pescription	Value
The property diffine anyments anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
None		
•		

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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?	Food?	Was a Family Member included?	Number of days not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Hoycroft Coxporation	Aug. 6-11	DC~Los Angeles—Cleveland	~	Y	Υ	2 Days
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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 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

		None	Position
			Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an 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

Date P	Parties To	Terms of Agreement
None		
The state of the s		
		Try is Name to the state of the