	UNITED STATES HOUSE OF REPRESENTAT CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	OF REPRESENTATIVES DISCLOSURE STATEMENT	FORM A Page 1 of 6 For use by Members, officers, and employees	2000 00 13 At 3: 33
	Luis V. Gutierrez	Z	202-225-8203	HAND
I	(Full Name)		(Daytime Telephone)	Moffie DELOWERED
1	Filer Member of the U.S. St Status Member of Representatives Di	State: IL Gff District: 04	Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against
	Report Type Annual (May 15) Ame	Amendment	Termination Date:	more than 30 days late.
$\neg \Gamma$	PRELIMINARY INFORMATION ANSWI	ANSWER EACH OF THESE QUESTIONS	ESTIONS	
	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? If yes, complete and attach Schedule I.	r fees) of \$200 Yes 🗸 No 🔲 VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$35 and not otherwise exempt)? If yes, complete and attach Schedule VI.	legift in therwise 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 II.	in lieu of paying Yes No 🗸 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.	he travel or han \$335 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 end of the period? If yes, complete and attach Schedule III.	Yes 🗸 No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year? If yes, complete and attach Schedule VIII.	ing in the 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 period? If yes, complete and attach Schedule IV.	reporting Yes V No IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	outside Yes No V
_<	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period? If ves. complete and attach Schedule V.	le liability (more Yes 🔲 No 🔽	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the appropriate
m [EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	I, OR TRUST INFORMAT	ION ANSWER EACH OF THESE QUES	STIONS
	Trusts Details regarding "Qualified Blind trusts" need not be disclosed. Have child?	Trusts" approved by the Committee ve you excluded from this report details.	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?	oted Yes I No
	Exemptions Have you excluded from this report because they meet all three tests for the standards of Official Conduct.	Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have find the first of Official Conduct.	ne, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on	hild Yes □ No ☑

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	Туре	Amount
Ramirez & Company	Spouse Salary	N/A

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		ASSE Identify (a) eava a fair market vand (b) any oth than \$200 in "land, provide mutual funds retirement plain which you investments), in the account plans that are and its value at that is not put its activities, a information, see Exclude: Your debt owed to yearent or sibil savings accound Government or sibil savings accound of your spin the optional	If you so choo that of your sp in the optional	JT	T	JT	JT	JT	JT
	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.	se, you may indicate that an asset or income source is souse (SP) or dependent child (DC) or is jointly held (JT), I column on the far left.	535 MarinaStreet Rio Grande, Puerto Rico	615 Vistamar Street Rio Grande, Puerto Rico	Corus Bank	Corus Bank	Great American Insurance Corporation Annuity	National City Bank CD
Name Luis V. Gutierrez	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."		\$250,001 - \$500,000	\$100,001 - \$250,000	None	None	\$100,001 - \$250,000	\$100,001 - \$250,000
utierrez	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.		NONE	RENT	INTEREST	INTEREST	INTEREST	INTEREST
	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.		NONE	\$5,001 - \$15,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$2,501 - \$5,000	\$5,001 - \$15,000
Page 3 of 6	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.				i			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME ۲ ٦ Ľ <u>_</u> = \vdash \exists 4 Ţ \exists J \exists =Market Market Market Market National City Bank Money National City Bank CD **National City Bank Money** Market Market National City Bank Money Account **National City Bank Checking** National City Bank CD National City Bank CD Company Annuity New York Life Insurance National City Bank Money National City Bank Money National City Bank CD TransAmerica Asset Allocation National City Bank Money \$100,001 -\$250,000 \$100,001 -\$250,000 \$100,001 -\$250,000 \$100,001 \$250,000 None None None None \$500,000 None \$1,001 - \$15,000 \$250,000 \$100,001 -\$500,000 \$250,001 \$250,001 -Name Luis V. Gutierrez INTEREST None INTEREST \$5,001 - \$15,000 NONE \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,001 - \$15,000 S Page 4 of 6

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SCHEDULE IV - TRANSACTIONS

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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. 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

TL	SP, DC, JT	
TransAmerica Asset Allocation C Shares	Asset	
S	Type of Transaction	
No	Capital Gain in Excess of \$200?	
11/12/09	Date	
\$15,001 - \$50,000	Amount of Transaction	

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. 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 a 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,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ig? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
US Association of Former Members of Congress/German	May 26- May 31	Chicago-Dusseldorf-Berlin- Frankfurt-Chicago	*	~	Y	NONE
Luis Munoz Marin Foundation	October 30- November 2	DC-San Juan- DC	Z	Z	≺	
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