## Amendment for

Senator Jakson

Calendar Year

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

★ Amendment												
Last Name		First Name and Middle Initi	al		Annual Report							
Isakson		John H.			Calendar Year Covered by Report  2010							
Senate Office Address (Number	Senate Office Telephone N	umber (Inclu	de Area Co	(e) Termination Report								
131 Russell Buildir Washington, DC 2	ng	202-224-3643			Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed U.S. House of Representa						
AFTER READI	NG THE INSTRUCT	TIONS – ANSW	ER EA	CH O	F THESE QUESTIONS A	ND ATTACH THE RELEV	ANT PA	ART				
			YES	NO			YES	NO				
•	anization make a donation to appearance, or article in the ch PART I.	_			Did you, your spouse, or dependent reimbursements for travel in the rep \$350 from one source)? If Yes, complete and attach PART \							
	ave earned income (e.g., sale re than \$200 from any report ch PART II.				Did you, your spouse, or dependent (more than \$10,000) during the report of Yes, complete and attach PART \	orting period?						
more than \$1,000 at the	dependent child hold any repend of the period, or receive use than \$200 in the reporting PART IIIA and/or IIIB.	inearned or			Did you hold any reportable position current calendar year? If Yes, complete and attach PART \	ns on or before the date of filing in the						
• • •	dependent child purchase, se ore than \$1,000 in the reporti ch PART IV.				Do you have any reportable agreementity?  If Yes, complete and attach PART IX	nent or arrangement with an outside						
	dependent child receive any regating more than \$350 and the child part of the child	•			If this is your FIRST Report: Did yo \$5,000 from a single source in the to If Yes, complete and attach PART X	<del></del>	S.E.C					
Ea	ch question must b	e answered an	d the	appro	priate PART attached fo	r each "YES" response.	RET.					
						FOR OFFICIAL Do Not Write I	_					

Re	porting Ind	lividual's Name	× Amendment							_																									Page	Number
isakson, John H.			PA	PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES																																
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly traded asset held by you, your spouse, or			<i>'</i>	BLOCK B Valuation of Assets  At the close of reporting period.  If None, or less than \$1,001,  Check the first column.													Type and Amount of Income  Type of Income  Amount of Income																			
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:  (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		None (or less than \$1,001)	\$15,000	\$15,001 - \$50,000		\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	000,0001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	1 - \$2,	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	01 - \$10	9,	Over \$1,000,000***	\$1,000,001 - \$5,000,000	8	Actual Amount Required if "Other" Specified		
Ex	ample: D	JC,	orp. (stock) ne Fund	$\bot$			Х								$\square$	L	Х				Ļ			Example		Х	-			$\dashv$	$\dashv$	4	$\dashv$	$\dashv$	$\dashv$	Example
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EX ***	EMPTION	N TEST <i>(see instruc</i> gory applies only if	tions before marking box the asset is/was held inde	): If you epende	omit	ted a	ny as	sset l	beca or de	use i pend	t med	ets th	ne thr	ee-p	art te	est fo	or exe	mpti er he	ion de	escri	bed i	in the	e inst	ructions, pl	ease e oth	ched	ck bo	x to t	he ri	ght. ue. a	as an	propi	riate			

Reporting Individual's Name X Amendment								· 									Page	Numbe	,										
	Isaks	on, Jol	hn H.	PAR	PART IV. TRANSACTIONS																								
		-									Am	ount	of	 Tran	ısacı	tion	(x)												
Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the						nsact ype ()																							
reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.						Sale	kchange	Transaction Date (Mo., Day, Yr.)	,001 - \$15,000	5,001 - \$50,000	0,001 - \$100,000	00,001 - \$250,000	50,001 - \$500,000	-1	ver \$1,000,000***	,000,000 - \$5,000,000	,000,000 - \$25,000,000	ပ္၂	Over \$50,000,000										
Identification of Assets  S. IBM Com. (stock) NYSE							Û		\$1	\$1	\$50	₩	\$2	\$2	0	€	\$5	\$25											
ı	Example:	DC,	IBM Corp. (stock) I (DC) Microsoft (stock) N.	· · · · · · · · · · · · · · · · · · ·	X	V		2/1/1X 1/27/1X		X		Ţ	E	X		M	P	-	E										
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=XE	EMPTION This categ	I TEST ( ory appli	see instructions before marking es only if the asset is/was held in	g box): If you omitted any asset because it meets the three dependently by the spouse or dependent child. If the asset	ee-part fi is/was e	test for e	exempti d by the	on described in the inst filer or jointly held, use t	truction he oth	ons, pie er cate	ease degories	check s of va	box to lue, as	o the r	right. opriate	<u>_</u>		一	寸										