### UNITED STATES HOUSE OF REPRESENTATIVES



# ETHICS IN GOVERNMENT ACT—CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A—For Use By Members, Officers, and Employees

or above the "senior staff" rate (\$117,787) for at least 60 days in calendar year 2009 and any employee designated by a Member as a principal Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001. knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in position. A clear postmark is accepted as the filing date. A \$200 late filing fee shall be assessed against any individual who files more than 30 assistant must file a Financial Disclosure Statement on or before May 17, 2010. A termination report must be filed within 30 days of leaving a covered WHO MUST FILE AND WHEN: Each Member of the House of Representatives, officer, and employee of the Legislative Branch compensated at days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who

ments received during any period in the calendar year when the reporting individual was not a Member, officer, or employee need not be disclosed REPORTING PERIOD: The period covered by this Disclosure Statement is calendar year 2009, unless otherwise indicated. Gifts and reimburse-

Building, Washington, DC 20515. Telephone: (202) 225-7103. Additional forms and instructions may be obtained from the Clerk of the House WHERE TO OBTAIN ASSISTANCE: Committee on Standards of Official Conduct, U.S. House of Representatives, 508 Ford House Office

why the extension is necessary. An extension request must be received (not postmarked) no later than the due date Requests for extensions of time for filing must be in writing, addressed to the Committee (or the relevant legislative branch agency), and must state

fiduciary relationship) were totally prohibited. staff" rate was \$26,550. In addition, certain types of income (notably honoraria, directors' fees, and payments for professional services involving a INCOME AND GIFT LIMITS: The 2009 limit on outside earned income for Members of the House and employees compensated at or above the "senior

needs to be examined in connection with a Committee investigation. should be separately filed with the Committee on Standards of Official Conduct at H2-508 in the Ford House Office Building. Do not send the LIST OF CHARITIES (HONORARIA): A list of charities to which payments were directed on account of speeches, appearances, or articles by the filer list to the Clerk. A green envelope for transmitting the list is included in each Member's filling package. Any such list will remain confidential unless it

account numbers, from any attachments. indicating the section being continued. Type or print your name at the top of each page filed. Redact any confidential information, such as PINs or BEFORE FILING: Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary,

and date the form. ANSWER EACH QUESTION ON THE PRELIMINARY INFORMATION PAGE, and attach the appropriate schedule for each "Yes" response. Sign

Remove this cover page before filing

Separate pages and file only those required Do not file blank schedules.

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Members must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

### UNITED STATES HOUSE OF REPRESENTATIVES

### ETHICS IN GOVERNMENT ACT

# CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

belief.	true, complete, and correct to the best of my knowledge and	financial disclosure statement and all attached schedules are	I CERTIFY that the statements I have made on the attached	Certification Signature of Reporting In
				porting Individual Date (Month, Day, Year)

***************************************	
Name	
Pageof	
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#### SCHEDULE I — EARNED INCOME

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 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. See examples below.

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

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	egislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
	walanshoke dewoode	-
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## 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.

Condition of the second of the	-		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
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- 1					111111111111111111111111111111111111111			Examples:	SP	provide the value of each asset in the each asset in the reporting threshold. If the period. For an active traded, state the name of its activities, and Block A. For additinstruction booklet.  Exclude: Your perthere is rental incomyour spouse, or by parent, or sibling; any less in personal saviiles interest in or Government retirement fi you so choose, your spouse, or income source is fi you so choose, your spouse or income source is dependent child (DC soptional column on the properties of the provided provided in the personal column on the the person	identify (a) each duction of inco duction of inco exceeding \$1,00 od, and (b) any which generate income during land, provide a names of stock ticker symbols). plans (such as 4 (i.e., plans in with the context of the	Asset a	HEDUL
99999		1000					1st Bank of Paducah, KY Accounts		P Mega Corp. Stock	provide the value and income improved the 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 you or your spouse's child, parent, or sibling; any deposits totalling \$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.	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 rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <i>all IRAs</i> 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).	BLOCK A  Asset and/or Income Source	SCHEDULE III — ASSETS AND "UNEARNED" INCOME
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					3. 7. 2. 4. 4. 2. 4.			Hoyalties		Other Type of Income (Specify: For Example, Partnership Income or Farm 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 <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. <b>Dividends and interest, even if reinvested, should be listed as income.</b> Check "None" if asset did not generate any income during calendar year.	BLOCK C  Type of Income	Name
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									-	\$201 - \$1,000 =	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , 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.	Αn	
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	The same of the sa								S (partial)	If only a portion of an asset is sold, also indicate as follows:  (S) (partial) See below for example.  P, S, E	indicate if the asset had purchases (P), or sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E	eof

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ć	줆	≥	2	面	ű	10000	Q	2	M								_	Name											Pageof
BLOCK A  Asset and/or income Source			_	<i>l</i> a _	BLOCK B Year-End Value of Asset	BLOCK B	As	se l								으	BLOCK C Type of Income	<u>ig</u> 6 Å	ਰ		≥	BLOCK D  Amount of Income	un B	BLOCK D <b>nt of Ir</b>	<b>5</b> 0	<u> </u>	ne			BLOCK E
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SCHEDULE IV— TRANSACTIONS Name Page\_

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 resulted in a capital loss. Provide a brief description of any exchange transactions that	is by you, your spouse, y security or real propulate transactions that	of Tra	Type Transaction	ğ	al OO	Date		· -	Amc	_ at	of T	rans	Amount of Transaction	<b>5</b>	
resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, 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.  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 III.	of any exchange trans- use or dependent chil- dence, unless it gener- sold, please so indi- a capital gain in excess is income on Schedule	PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000 <b>m</b>	\$15,001- \$50,000 <b>O</b>	\$50,001- \$100,000	\$100,001- \$250,000 <b>m</b>	\$250,001- \$500,000 <b>ग</b>	\$500,001- \$1,000,000 <b>ល</b>	\$1,000,001- \$5,000,000 <b>=</b>	\$5,000,001- \$25,000,000 \$25,000,001-	\$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.

SP.				œ	C D		Amount of Liability	C	**************************************	00 — 01-	00 🔨
DC,		Creditor	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000 \$50,001-	\$100,000 \$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000 \$1,000,001	\$5,000,000 \$5,000,001	\$25,000,00 \$25,000,00 \$50,000,00	Over \$50,000,00
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.			×					
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#### SCHEDULE VI — GIFTS

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.

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 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

			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description
		-	\$345	Value

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 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

			ı			-	
	Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:		Mar. 2				2	None
Examples.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	Y	2 Days
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				***********************			

SCHEDULE \	SCHEDULE VIII—POSITIONS	<b>6</b> 5	Name	Page —— of –
Report all posit proprietor, repre organization, or	ions, compensated c sentative, employee, any educational or o	Report all positions, compensated or uncompensated, held during the current calendar year as a proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other busing organization, or any educational or other institution other than the United States.	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 other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.	zation, partner ition, any labo
Exclude: Positions); and po	<b>Exclude:</b> Positions listed on Schedule I; positions h zations); and positions solely of an honorary nature.	<b>Exclude:</b> Positions listed on Schedule I; positions held in any religious, social, fraternal, or political zations); and positions solely of an honorary nature.	ernal, or political entities (such as political parties and campaign organi-	npaign organi
Po	Position		Name of Organization	
SCHEDULE I	SCHEDULE IX—AGREEMENTS	ITS		
Identify the date, government serv employee welfare	parties to, and gene ice; continuation or or or benefit plan main	Identify the date, parties to, and general terms of any agreement or arrangement with respe government service; continuation or deferral of payments by a former or current employer employee welfare or benefit plan maintained by a former employer; or publication of a book.	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 or government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in ar employee welfare or benefit plan maintained by a former employer; or publication of a book.	ng the period c
Date		Parties To	Terms of Agreement	