



UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT – CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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

WHO MUST FILE AND WHEN: Each Member of the House of Representatives, officer, and employee of the Legislative Branch compensated at 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 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 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 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 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.

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

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

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

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

LIST OF CHARITIES (HONORARIA): A list of charities to which payments were directed on account of speeches, appearances, or articles by the filer 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 to the Clerk.** A green envelope for transmitting the list is included in each Member’s filing package. Any such list will remain confidential unless it needs to be examined in connection with a Committee investigation.

BEFORE FILING: Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary, 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 account numbers, from any attachments.

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

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

Please provide the following information. Your address and signature WILL NOT be made available to the public.

(Print Full Name)

(Daytime Telephone)

(Complete Address — Office or Home)

Filer Status

Member

Officer or Employee

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any 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.

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

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
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Name: _____ Daytime Telephone: _____

(Office Use Only)

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Termination Date: _____	<p>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</p>
Report Type	<input type="checkbox"/> Annual (May 17, 2010)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>VI. 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.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>II. 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? If yes, complete and attach Schedule II.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>III. 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 period? If yes, complete and attach Schedule III.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>	

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

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?
 Yes No

EXEMPTION—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 Standards of Official Conduct.
 Yes No

SCHEDULE I – EARNED INCOME

Name _____	Page ____ of ____
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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 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		Type	Amount
Examples:	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA

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

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.

Source	Activity	Date	Amount
<i>Examples:</i> Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2009 Aug. 13, 2009	\$2,000 \$500

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name _____

Page ____ of ____

BLOCK A Asset and/or Income Source SP, DC, JT	BLOCK B Year-End Value of Asset													BLOCK C Type of Income					BLOCK D Amount of Income											BLOCK E Transaction								
	A None	B \$1 – \$1,000	C \$1,001 – \$15,000	D \$15,001 – \$50,000	E \$50,001 – \$100,000	F \$100,001 – \$250,000	G \$250,001 – \$500,000	H \$500,001 – \$1,000,000	I \$1,000,001 – \$5,000,000	J \$5,000,001 – \$25,000,000	K \$25,000,001 – \$50,000,000	L Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II \$1 – \$200	III \$201 – \$1,000	IV \$1,001 – \$2,500	V \$2,501 – \$5,000	VI \$5,001 – \$15,000	VII \$15,001 – \$50,000	VIII \$50,001 – \$100,000	IX \$100,001 – \$1,000,000	X \$1,000,001 – \$5,000,000	XI Over \$5,000,000	P, S, M							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Name _____

Page _____ of _____

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, DC, JT	Creditor	Type of Liability	Amount of Liability																		
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000									
	<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X															

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling 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.

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

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Name _____

Page ____ of ____

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 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 or were paid by you and reimbursed by the 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
<i>Examples:</i> Chicago Chamber of Commerce Roycroft Corporation	Mar. 2 Aug. 6-11	DC—Chicago—DC DC—Los Angeles—Cleveland	N Y	N Y	N Y	None 2 Days

SCHEDULE VIII — POSITIONS

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.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

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

Date	Parties To	Terms of Agreement