

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

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 THE RESOURCE CENTER
 MAY 14 PM 3:48

BETTY SUE SUTTON
 (Full Name)

202-225-3401
 (Daytime Telephone)

HAND DELIVERED

Filer Status: Member of the U.S. House of Representatives
 State: OH District: 13
 Report Type: Annual (May 15) Amendment Termination

Officer Or Employee: _____
 Employing Office: _____
 Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name BETTY SUE SUTTON

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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	Type	Amount
Federal Mediation and Conciliation Service	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name BETTY SUE SUTTON

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.

BLOCK A

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."

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.

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.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	Fire Fighters Community Credit Union - Money Market Funds	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	US Bank - accounts	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Diebold - stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Tidewater - stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Firefighters Community CU-DC \$33	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Firefighters Community CU-DC #34	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Firefighters Community CU-DC #35	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Firefighters Community CU-DC #36	None	INTEREST	\$1 - \$200	S
JT	Firefighters Community CU-DC #37	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Roth IRA - Alliance Bernstein Thematic Growth A-B	\$1,001 - \$15,000	None	NONE	
SP	Ohio Public Employees Deferred Compensation Program - as follows:				
	Dodge & Cox Balanced	\$1 - \$1,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Dodge & Cox Stock	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Fidelity Contra Fund	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Fidelity Growth Company	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	FPA Capital	\$1 - \$1,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Hartford Small Company Fund	\$1 - \$1,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Janus Twenty	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	PIMCO Total Return	\$1 - \$1,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	
	Vanguard Capital Opportunity	\$1 - \$1,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name BETTY SUE SUTTON

	Vanguard International Growth	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1 - \$200
JT	Home - Barberton, OH	\$50,001 - \$100,000	None	NONE
SP	Ohio Public Employees Retirement System (not self-directed)	\$15,001 - \$50,000	Retirement	N/A
SP	Ohio Police and Fire Pension Fund (not self-directed)	\$50,001 - \$100,000	Retirement	N/A
	Ohio Public Employees Retirement System (not self-directed)	\$50,001 - \$100,000	Retirement	N/A

SCHEDULE IV - TRANSACTIONS

Name **BETTY SUE SUTTON**

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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 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.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Firefighters Community CU-DC #36 (Matured)	S	No	6-15-09	\$50,001 - \$100,000