

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Name: Deborah Halvorson Daytime Telephone: _____

Filer Status: Member of the U.S. House of Representatives
 State: IL District: _____
 Report Type: Annual (May 17, 2010) Amendment
 Officer or Employee: Employing Office: _____
 Termination Date: _____

HAND DELIVERED Page 1 of 2
 2010 JUN 30 PM 12:54
 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 checked="" type="checkbox"/> No <input 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 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.	Yes <input checked="" type="checkbox"/> No <input 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"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

3/4



American Funds Service Company
Post Office Box 6007
Indianapolis, Indiana 46206-6007

americanfunds.com

JAMES W BUSH
565 ABERDEEN DR
CRETE IL 60417-1202

June 21, 2010

Re: Washington Mutual Investors Fund - A
Account #6347-5191-01
CB&T CUST SIMPLE IRA
JAMES W BUSH

Dear Mr. Bush:

We recently received your inquiry regarding the balance of the account referenced below.

The table below reflects the share balance, per share net asset value (NAV), and total value of the account on the date requested:

Date	Account Number	Share Balance	NAV Per Share	Total Value
12/31/09	6347-5191-01	3,828.882	\$24.64	\$94,343.65

Please note that closed funds within an account may affect our ability to provide an accurate account value on the date requested.

Mutual fund share prices vary with the fluctuations of financial market share prices. The prices of the funds are found in the financial pages of most metropolitan newspapers under American Funds in the Mutual Funds listings.

If you have any questions, please contact your financial adviser or call us at 800/421-0180. You can reach one of our service representatives Monday through Friday between 8 a.m. and 8 p.m. Eastern time. You may also obtain account information by visiting our website at www.americanfunds.com.

414
JAMES W BUSH
JUNE 21, 2010
PAGE 2

We appreciate the opportunity to be a part of your investment program.

Cordially,

American Funds Service Company

Enclosure

cc: MICHAEL/LORRAIN MCCANN/SCHULTZ
AMERIPRISE FINANCIAL SERVICES INC
15255 S 94TH AVE STE 405
ORLAND PARK IL 60462-3889