

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

Form A
For use by Members, officers, and employees

HAND DELIVERED

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Name: **JOHN S. TANNER**

Daytime Telephone: **202-225-4714**

2010 AUG 17 PM 2:25

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: TENNESSEE	District: 2	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 17, 2010)	<input checked="" type="checkbox"/> Amendment		<input type="checkbox"/> Termination	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 checked="" type="checkbox"/> No <input 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

SCHEDULE IV - TRANSACTIONS

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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 transaction. Exclude transactions between you, your spouse or dependent child, 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.

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction											
		PURCHASE	SALE	EXCHANGE			B \$1,001-\$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		
Example: SP	Mega Coporation Common Stock (partial sale)		X			10-12-09		X										
	GTX INC.	X				7-1-09	X											
	HSBC BANK CD ZERO CURP	X				6-14-09		X										
	ISHORES NAT. AMT TAX FREE	X				7-23-09	X											
	MICROSOFT	X				8-7-09	X											
	PFIZER INC.	X				4-29-09	X											
	PROCTER + GAMBLE	X				3-15-09	X											
	AMCAP (AMERICAN FUNDS)		X			11-25-09	X											
	AM FUND SMALLCAP WORLD		X			12-4-09		X										
	CITIZENS GAS UTILITY - TN			REDEMPTION		11-23-09		X										
	MEMPHIS, TN GENERAL IMPROV			REDEMPTION		5-1-09		X										
	FALMC 3343 KK			REDEMPTION		4-15-09	X											
	FALMC 3343 KK			REDEMPTION		4-15-09	X											
	FALMC 3343 KK			REDEMPTION		7-15-09	X											
	FALMC 3343 KK			REDEMPTION		5-15-09	X											
	FALMC 3178 BB			REDEMPTION		5-15-09		X										
	FALMC 3178 BB			REDEMPTION		4-15-09	X											

SCHEDULE VIII - POSITIONS

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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
PRESIDENT	WESTAN INSURANCE AGENCY (FAMILY OWNED BUSINESS)
PARTNER	TANNER FARMS L.P.

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