

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

MAY 16 2011

Hansen Hashim Clarke

(Full Name)

(313) 962-7700

(Daytime Telephone)

LEGISLATIVE RESOURCE CLERK

2011 MAY 24 AM 11:10
 (Office Use Only)

MC

Filer Status: Member of the U.S. House of Representatives
 State: MI District: 13

Officer Or Employee
 Employing Office:

Report Type: Annual (May 15)

Amendment

Termination

Termination Date:

US \$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 \$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 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 checked="" type="checkbox"/> No <input 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 Ethics 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 Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

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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 |
|------------------------|--------------------|----------|
| State of Michigan | Legislative Salary | \$79,007 |
| University of Michigan | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| BLOCK A 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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); your domestic taxation of IRA or RRA or ROL in a national election as | 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 accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed 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 Lake Trust Credit Union - Checking/Savings Account | \$15,001 - \$50,000 | INTEREST | \$201 - \$1,000 | |
| Tax Deferred - Prudential Guaranteed Investment Fund | \$50,001 - \$100,000 | None | NONE | |
| Tax Deferred - American Funds Balanced Fund | \$1,001 - \$15,000 | None | NONE | |
| Tax Deferred - Davis NY Venture Fund | \$15,001 - \$50,000 | None | NONE | |
| SP Tax Deferred - TIAA Traditional Annuity | \$15,001 - \$50,000 | None | NONE | |
| SP Tax Deferred - CREF Composite Index Fund | \$15,001 - \$50,000 | None | NONE | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Hansen Hashim Clarke

| | | | | | |
|----|--|----------------------|------|------|--|
| SP | Tex Deferred - TIAA Real Estate Account | \$1,001 - \$15,000 | None | NONE | |
| | Michigan Legislative Retirement System (Defined Benefit Plan-not self directed - currently age ineligible - value shown = vested amount) | \$1,001 - \$15,000 | None | NONE | |
| | Michigan Legislative Retirement System - Whole Life Insurance Policy | \$50,001 - \$100,000 | None | NONE | |

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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|--------------------------|-----------------------------------|
| Director - Uncompensated | Detroit Community Partners |
| Director - Uncompensated | Thelma Clarke Opportunity Program |

SCHEDULE IX - AGREEMENTS

Name Hansen Hashim Clarke

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; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---------------|--|--|
| December 2010 | Michigan Legislative Retirement System | Health Insurance Coverage |
| December 2010 | Michigan Legislative Retirement System | Upon attaining appropriate retirement age, pension annuity for service in state legislature. |

FOOTNOTES

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| Number | Section / Schedule | Footnote | This note refers to the following item |
|---------------|---------------------------|---|---|
| 1 | Preliminary Questions | New Member sworn in 2011 - Questions VI and VII not required. | |