

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**

For use by Members, officers, and employees

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Elijah E. Cummings

(Full Name)

410-685-9199

(Daytime Telephone)

Filer Status:  Member of the U.S. House of Representative  
 State: MD District: 07

Officer Or Employee  
 Employing Office:

Report Type:  Annual (May 15)  Amendment  Termination

Termination Date:

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

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
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MD

**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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p>	<p>Yes <input checked="" 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 checked="" 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 checked="" 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**

<p><b>Trusts--</b> 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"/></p>
<p><b>Exemptions--</b> 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"/></p>

**SCHEDULE I - EARNED INCOME**

Name Elijah E. Cummings

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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
Global Policy Solutions, LLC - Spouse	Spouse Salary	N/A
California School Boards Association Foundation - Spouse	Spouse Speaking Engagement	\$2,500
National Association of Counties Financial Services Corporation - Spouse	Spouse Board Honoraria	\$15,000
Transtria Advisory Board- Spouse	Spouse Board Honoraria	\$750
Public Health Institute Advisory Board - Spouse	Spouse Board Honoraria	\$1,500

**SCHEDULE B - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name: Elijah E. Cummings

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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 Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Paraprofessional Educational Conference, Baltimore, MD	speech	Jan. 29, 2010	\$1,000
Cherry Hill United Methodist Church, Baltimore, MD	speech	Feb. 19, 2010	\$300
Morgan State University Foundation Baltimore, MD	speech	April 15, 2010	\$2,000
National Bar Association	speech	April 30, 2010	\$500
NAACP	speech	May 2, 2010	\$300
American College of Sports Medicine	speech	June 2, 2010	\$1,000
Christian Life Church	speech	June 6, 2010	\$500
St. Edwards Roman Catholic Church	speech	June 13, 2010	\$200
Progressive National Baptist Convention	speech	Aug. 6, 2010	\$1,000
New Shiloh Baptist Church	speech	Oct. 3, 2010	\$200

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name **Elijah E. Cummings**

BLOCK A <b>Asset and/or Income Source</b> 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 partner's SS ANN or lease in a personal residence or	BLOCK B <b>Year-End Value of Asset</b> 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 <b>Type of Income</b> 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 <b>Amount of Income</b> 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 <b>Transaction</b> Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP 1830 11th St., NW, Ste 1, Washington, DC 20001	\$500,001 - \$1,000,000	RENT	\$50,001 - \$100,000	
2014 Madison Ave. Baltimore, MD 21217	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP 2221 St. Paul St., Baltimore, MD 21218 (Rental Property)	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
2225 St. Paul Street Baltimore, MD 21218	None	None	NONE	S
Elijah Cummings, PA Baltimore, MD 2	None	No income per House Rules. Continued Existence for resolving claims only.	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Elijah E. Cummings

SP	Global Policy Solutions, LLC Washington, DC	\$250,001 - \$500,000	Other: (Please specify) Consulting Income/Other: (Please specify)	N/A See Schedule 1	
SP	Merrill Lynch (401k) Blackrock Global	\$1,001 - \$15,000	Other:	\$2,501 - \$5,000	
SP	Merrill Lynch (401k) Blackrock Large CAP	\$1,001 - \$15,000	Other:	\$1,001 - \$2,500	
SP	Merrill Lynch (401k) Blackrock Value	\$1,001 - \$15,000	Other:	\$2,501 - \$5,000	
SP	Merrill Lynch (401k) Davis NY Venture	\$1,001 - \$15,000	Other:	\$2,501 - \$5,000	
SP	Merrill Lynch (401k) Evergreen Core Bond CLC	\$1,001 - \$15,000	Other:	\$5,001 - \$15,000	
SP	TIAA CREF (403b) CREF Growth	None	Other:	NONE	S
SP	TIAA CREF (403b) CREF Stock	None	Other:	NONE	S
SP	TIAA CREF (403b) TIAA Real Estate	None	Other: (loss)	NONE	S
SP	TIAA CREF (403b) TIAA Traditional	None	INTEREST	NONE	S
SP	TIAA CREF(403b) CREF Bond Market	None	Other:	NONE	S
SP	TIAA CREF(403b) CREF Global Equities	None	Other: (Loss)	NONE	S
SP	Vanguard (403)(b)(7) 500 Index Fund Inv	None	Other:	NONE	S

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name **Elijah E. Cummings**

SP	Vanguard (403)(b)(7) Asset Allocation Fund Inv	None	Other:	NONE	S
SP	Vanguard (403)(b)(7) Windsor Fund Investor	None	Other:	NONE	S
SP	Wright Patman Roth IRA Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

**SCHEDULE IV - TRANSACTIONS**

Name: Elijah E. Cummings

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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
SP	Cash In TIAA CREF (403b) Retirement Funds (All - See, Schedule III)	S	Yes	04-01-10	\$15,001 - \$50,000
SP	Cash in Vanguard Retirement Funds (All-See. Schedule III)	S	Yes	04-01-10	\$15,001 - \$50,000
	Interest in 2225 St. Paul Street, Baltimore, MD	S	No	10-01-2010	\$2,500 (No Gain nor Loss)

**SCHEDULE V - LIABILITIES**

Name **Elijah E. Cummings**

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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	Date Liability Incurred	Type of Liability	Amount of Liability
	CitiMortgage, Inc O'Fallon, Missouri	11/20/2004	Mortgage on 2014 Madison Ave., Baltimore	\$15,001 - \$50,000
	CitiBank Home Line of Credit San Antonio, TX	11/26/2004	Home Equity Mortgage	\$50,001 - \$100,000
SP	First Horizon, TN	3/27/2007	1st Mortgage on 1830 11th St., NW, Washington, DC	\$250,001 - \$500,000
SP	National City Bank, OH (Now PNC Bank)	2/27/2007	2nd Mortgage on 1830 11th St., NW, Washington, DC	\$100,001 - \$250,000
SP	America's Servicing Company, Iowa	3/13/2006	1st Mortgage on 2221 St. Paul St., Baltimore	\$250,001 - \$500,000
SP	EMC Mortgage Corp., TX	3/13/2006	2nd Mortgage on 2221 St. Paul St., Baltimore	\$50,001 - \$100,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 reimbursed or paid directly 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Progressive National Baptist Convention	Aug. 5-6	BWI-Orlando-BWI	Y	Y	N	None

# SCHEDULE VIII - POSITIONS

Name Elijah E. Cummings

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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
Member	US Naval Academy Board of Visitors
Member	Morgan State University Board of Regents
Member	Maryland Zoo Board of Trustees
Member	Baltimore Aquarium Board of Trustees
Member	Baltimore Area Council of Boy Scouts of America Board of Trustees
Member	Yale-Howard Nursing Partnership Center to Reduce Health Disparities Advisory Committee
Chairman	Maritime for Primary and Secondary Education Coalition (MPSEC)