

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

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Peter A. DeFazio

(Full Name)

202-225-6416

(Daytime Telephone)

2011 MAY -9 AM 10: 57

(Office Use Only)

ME

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: OR	District: 04	<input type="checkbox"/> Officer Or Employee	Employing Office:	Termination Date:
	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination				
Report Type	<input checked="" type="checkbox"/> Annual (May 15)					

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

Name Peter A. Defazio

Page 2 of 7

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
City of Eugene Oegon	spouse salary	n/a
US Government	self salary	\$174,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. Defazio

Page 3 of 7

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
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 source 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); any derivative trading or non-physical commodities.	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."	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.	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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
self SELCO credit union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self Wright Patman FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self Cape Cod 5 Cents Savings Bank	None	INTEREST	\$1 - \$200	
self Oakmark Select Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	monthly P
self Bank of New Zealand	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
self ASB bank	None	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. DeFazio

Page 4 of 7

self	ira Schnitzer Steel	\$1,001 - \$15,000	None	NONE	
self	ira Antigenics inc	\$1 - \$1,000	None	NONE	
self	TSP	\$500,001 - \$1,000,000	n/a	n/a	
JT	residence Springfield Or	\$250,001 - \$500,000	None	NONE	
JT	53880 Pine Grove Lapine Oregon 1/2 share	\$50,001 - \$100,000	None	NONE	
JT	rental 335 Anakiwa Drive Anakiwa NZ	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
JT	36 Hempleman drive Akaroa NZ 1/4 share rental property	\$100,001 - \$250,000	RENT	\$2,501 - \$5,000	
SP	Pacific Cascade FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	ira Oakmark Equity Income	\$15,001 - \$50,000	n/a	n/a	
SP	Sentinel Balanced Fund	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S(part)
SP	Bank of New Zealand	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	ING deferred comp - Templeton Global Bond Fund	\$1,001 - \$15,000	DIVIDENDS deferred comp	\$1 - \$200	
SP	ING deferred comp - PIMCO total return	\$15,001 - \$50,000	None	NONE	
SP	ING deferred comp - Fidelity Contra Fund	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter A. DeFazio

Page 5 of 7

SP	ING deferred comp Euro Pacific Growth	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	
SP	ING Deferred comp Fixed	\$250,001 - \$500,000	INTEREST	\$2,501 - \$5,000	purchased with proceeds of contra fund sale

SCHEDULE IV - TRANSACTIONS

Name Peter A. Defazio

Page 6 of 7

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	ING Deferred comp Fixed	P	N/A	10/11/10	\$1,001 - \$15,000
SP	ING deferred comp- Fidelity Contra Fund	S(part)	No	10/11/10	\$1,001 - \$15,000
self	Oakmark Select Fund	P	N/A	monthly	\$1,001 - \$15,000
SP	Sentinel Balanced Fund	S(part)	Yes	6/08/10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Peter A. DeFazio

Page 7 of 7

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
JT	Wells Fargo	4/1/10	refi of mortgage 53880 Pine Grove LaPine Oregon	\$50,001 - \$100,000
JT	Bank of New Zealand		1/4 interest mortgage 36 Hempleman Akaroa NZ	\$15,001 - \$50,000
JT	Bank of New Zealand		mortgage 335 Anakiwa Anakiwa NZ	\$50,001 - \$100,000
JT	Wells Fargo		mortgage residence springfield Or	\$100,001 - \$250,000