

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

Michael Richard Pence

(Full Name)

202-225-3021

(Daytime Telephone)

HAND DELIVERED

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

MR

Filer Status Member of the U.S. House of Representatives State: IN District: 06

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.

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

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 No

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
Immanuel Christian School	Spouse Salary	N/A
Dominion Christian School	Spouse Salary	N/A
Self-Employed Artist	Spouse Income	N/A
Community Church of Greensburg	Spouse Speech	\$1,000

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 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 position; or any interest in a personal obligation or	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.
DC America Funds-UTMA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
DC America Funds-UTMA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
DC America Funds-UTMA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP America Funds 529 Capital Income Builder	\$1,001 - \$15,000	None	NONE	
SP America Funds 529 Capital World Growth & Income	\$1,001 - \$15,000	None	NONE	S(part)
SP America Funds 529 Euro Pacific Growth Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	America Funds 529 Fundamental Investors	\$1,001 - \$15,000	None	NONE	
SP	America Funds 529 Growth Fund of America	\$1,001 - \$15,000	None	NONE	
SP	America Funds 529 Washington Mutual Fund Investors	\$1,001 - \$15,000	None	NONE	
	CB&T Custodial IRA Capital World Growth & Income Fund	\$1 - \$1,000	None	NONE	
	CT&T Custodial IRA Euro Pacific Growth Fund	\$1 - \$1,000	None	NONE	
	CB&T Custodial IRA Growth Fund of America	\$1 - \$1,000	None	NONE	
	CB&T Custodial IRA Capital Income Builder	\$1 - \$1,000	None	NONE	
SP	College Choice-529 Investment Plan-not self-directed	\$1,001 - \$15,000	None	NONE	PS(part)
DC	U.S. Federal Savings Bond	\$1,001 - \$15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

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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	America Funds 529 Capital World Growth & Income	S	No	7-23-10	\$1,001 - \$15,000
SP	America Funds 529 Capital World Growth & Income	S	No	7-26-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	S	No	6-21-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	S	No	7-23-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	P	N/A	8-10-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	S	No	8-23-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	S	No	11-8-10	\$1,001 - \$15,000
SP	College Choice 529 Investment Plan Not Self-Directed	S	No	12-9-10	\$1,001 - \$15,000

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 6) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Purdue University-West Lafayette, Indiana	Wm. T. Berkshire Merit Scholarship	\$2,500

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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
The Heritage Foundation	Jan 14-16	DC-Charlottesville, VA-DC	Y	Y	Y	None
Club for Growth	March 4-5	DC-Palm Beach, FL-DC	Y	N	N	None

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	The partial sale of the America Funds 529 Capital World Growth & Income is reflected in entries #1 & #2 on Schedule IV	America Funds 529 Capital World Growth & Income
2	Schedule III	The purchase & partial sale of the College Choice 529 Investment Plan (not self-directed) is reflected in entries #3-#8 on Schedule IV	College Choice 529 Investment Plan notself-directed
3	Schedule IV	Frequent withdrawals for College Tuition	
4	Schedule VI	The Wm. T. Berkshire Scholarship was awarded to Dependent Child, Michael J. Pence	Purdue University Scholarship