

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

FORM A
For use by Members, officers, and employees

Jerry Lewis
(Full Name)
(202)225-5861
(Daytime Telephone)

Filer Status: Member of the U.S. House of Representatives
State: CA District: 41
 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.

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER

2012 MAY -9 PM 1:39

(Office Use Only)

Handwritten initials

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? <i>If yes, complete and attach Schedule I.</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 \$350 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	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? <i>If yes, complete and attach Schedule II.</i>	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 \$50 from one source)? <i>If yes, complete and attach Schedule VII.</i>	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? <i>If yes, complete and attach Schedule III.</i>	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? <i>If yes, complete and attach Schedule VIII.</i>	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? <i>If yes, complete and attach Schedule IV.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	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? <i>If yes, complete and attach Schedule V.</i>	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

Copy of Spouse Financial Disclosure Statement is attached.

SCHEDULE I - EARNED INCOME

Name Jerry Lewis

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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
Legislators Retirement System, State of CA.	Legislative Pension	\$4,538.77
Penn Mutual Life Insuranc Agents (handled by Mercer Trust Company)	Agents Retirement	\$6,712.88

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Lewis

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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 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); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.	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 purchase (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Arrowhead Credit Union-Mtg. On residence in CA	\$50,001 - \$100,000	None	NONE	
Arrowhead Credit Union-- Certificate of Deposit	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Chas. Schwab IRA distribution	\$50,001 - \$100,000	Distribution	\$2,501 - \$5,000	
Chas. Schwab Money Mkt. IRA	\$15,001 - \$50,000	INTEREST	\$50,001 - \$100,000	
Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Legislators Retirement System	\$100,001 - \$250,000	Distribution	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Lewis

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Lewis Family Trust 1/4 Sh. Copy attached	\$15,001 - \$50,000	Distribution	\$2,501 - \$5,000	
Penn Mutual Life Insurance Co. retirement	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
Security Bank of CA-Certificate of Deposit	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Security Bank of CA.-2200 Shares	\$15,001 - \$50,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Jerry Lewis

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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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Arrowhead Credit Union	2004-05	Mortgage on Residence in CA from 1986 and subsequent remodel	\$50,001 - \$100,000

SCHEDULE VIII - POSITIONS

Name Jerry Lewis

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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
1959 Penn Mutual Life Insurance Co.	Agents Retirement Plan (now administered by MG Trust Co. LLC)
1969 Legislative Retirement System	State of CA.

SCHEDULE IX - AGREEMENTS

Name Jerry Lewis

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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
1959	Penn Mutual Life Insurance Co. now administered by MG Trust Co. LLC)	Agents Retirement Plan
1969	Legislative Retirement System	State of Ca.

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1981, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

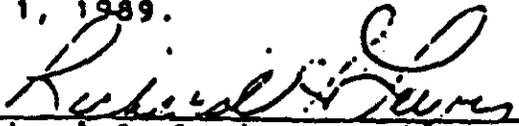
when the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

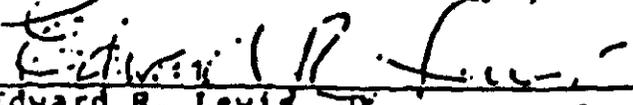
3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

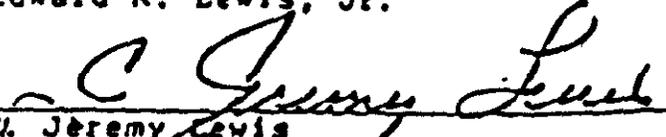
3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

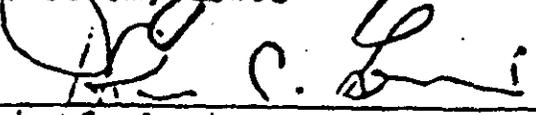
4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

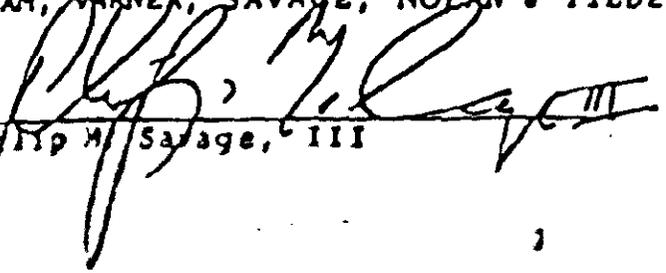

Richard J. Lewis


Edward R. Lewis, Jr.


C. Jeremy Lewis


John Q. Lewis

Approved as to form:
GRESHAM, BARNER, SAVAGE, NOLAN & TILDEN

By: 
Philip H. Savage, III

All assets of the Edward R. and Elaine Lewis Trust dated June 15, 1983 remaining
Following outright distributions after the death of Edward R. Lewis on May 13, 1988,
Including but not limited to the following as of December 31, ~~2009~~: ~~2010~~ 2011

Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled
Hawaiian Ocean View Estates which said map was filed in the Bureau of
Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

Real property in San Bernardino County, a., subject to contract for sale dated
November 5, 1999 for \$39,000 by David T. Kupfer.

Real property in San Bernardino County, Ca., subject to contract for sale dated
3, 1997, for \$30,000 by Robert and Betty Lou Haisch.

Real property in San Bernardino County, Ca., subject to contract for sale dated
February 22, 2005, for \$40,000 by Helena Bongartz. - Grant Deed issued 12/20/10

Real property in San Bernardino County, Ca. subject to contract for sale dated
February 22, 2005, for \$30,000 by Helena Bongartz. - Grant Deed issued 12/20/10

Real property in San Bernardino County, Ca. subject to contract for sale dated
February 1, 2005, for \$24,000 by Cliff and Toni McDonald.

Real property in San Bernardino County, Ca. subject to contract for sale dated
May 1, 2000 for \$32,000 by Timothy and Florance Haisch.

UNITED STATES HOUSE OF REPRESENTATIVES
 ETHICS IN GOVERNMENT ACT
 CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Arlene M. Willis

(202)225-5861

(Print Full Name)

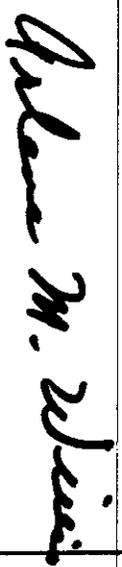
(Daytime Telephone)

2112 Rayburn House Office Bldg. Washington, DC 20515

(Complete Address -- Office or Home)

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions (See U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	Signature of Reporting Individual 	Date (Month, Day, Year) 4/26/12
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Members must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW

Certification It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with Title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).	Signature of Certifying Individual	Date (Month, Day, Year)
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**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

FORM A
For use by Members, officers, and employees

Arlene M. Willis
(Full Name)

(202)225-5861
(Daytime Telephone)

(Office Use Only)

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input checked="" type="checkbox"/> Officer Or Employee	Employing Office: Jerry Lewis	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____	

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 \$350 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 \$350 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 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 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"/>

Copy of Spouse Financial Disclosure Statement is attached

SCHEDULE I - EARNED INCOME

Name Arlene M. Willis

Page 2 of 5

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
Legislators Retirement System, State of Ca.	Legislative Pension	\$4,538.77
Penn Mutual Life Insurance Agents (handled by Mercer Trust Company)	Agents Retirement	\$6,712.88

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Arlene M. Willis

Page 3 of 5

BLOCK A Asset and/or Income Source <small>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 deposits totaling \$5,000 or less in a personal checking or saving account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <small>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.</small>	BLOCK D Amount of Income <small>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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
Arrowhead Credit Union Mortgage on residence in CA. Originally 1986 and sub sequent remodel	\$50,001 - \$100,000	None	NONE	
Arrowhead Credit Union-- Certificate of Deposit	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Chas Schwab IRA distribution	\$50,001 - \$100,000	Distribution	\$2,501 - \$5,000	
Chas Schwab Money Mkt. IRA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Arlene M. Willis

Page 4 of 5

Lewis Family Trust 1/4 sh. Copy attached	\$15,001 - \$50,000	Distribution	\$2,501 - \$5,000	
Penn Mutual Life Insurance retirement	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
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Security Bank of CA-2200 Shares	\$15,001 - \$50,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Arlene M. Willis

Page 5 of 5

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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Arrowhead Credit Union	2004-05	Mortgage on Residence in CA. In 1986 and subsequent remodel	\$50,001 - \$100,000