

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

**FORM A** Page 1 of 7  
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES  
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Edward L. Pastor  
(Full Name)

202-225-4065  
(Daytime Telephone)

**Filer Status**  Member of the U.S. House of Representatives State: AZ District: 4  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**

|  |  |
|--|--|
| <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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>If yes, complete and attach Schedule I.</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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/>If yes, complete and attach Schedule VI.</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/>If yes, complete and attach Schedule II.</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)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>If yes, complete and attach Schedule VII.</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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>If yes, complete and attach Schedule III.</p> | <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>If yes, complete and attach Schedule VIII.</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/>If yes, complete and attach Schedule IV.</p>  | <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/>If yes, complete and attach Schedule IX.</p>   |
| <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>If yes, complete and attach Schedule V.</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></p>     | <p>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?</p>                  | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p><b>Exemptions--</b></p> | <p>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.</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

**SCHEDULE I - EARNED INCOME**

Name Edward L. Pastor

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    |
|--|----------------|-----------|
| US House of Representatives            | Salary         | \$171,922 |
| AZ Elected Officials Retirement System | Pension        | \$26,398  |
| AZ State Retirement System             | Spouse Pension | \$35,600  |
| Social Security Administration         | Pension        | \$26,962  |
| Social Security Administration         | Spouse Pension | \$20,604  |

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

Name Edward L. Pastor

Page 3 of 7

| <p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <p>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.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>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</p> | <p align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></p> <p>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."</p> | <p align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>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.</p> | <p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></p> <p>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.</p> | <p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
|---|--|--|---|--|
| <p>Aviva Life &amp; Annuity Co<br/>Des Moines, IA (cash value)</p>  | <p>\$50,001 -<br/>\$100,000</p>  | <p>DIVIDENDS</p>   | <p>\$201 - \$1,000</p>  |  |
| <p>SP Aviva Life &amp; Annuity Co<br/>(cash value)</p>  | <p>\$15,001 -<br/>\$50,000</p>   | <p>DIVIDENDS</p>   | <p>\$201 - \$1,000</p>  |  |
| <p>Congressional Federal Credit<br/>Union Savings Account (cash<br/>only)</p>   | <p>\$50,001 -<br/>\$100,000</p>  | <p>INTEREST</p>  | <p>\$1,001 - \$2,500</p>  |  |
| <p>SP Desert Schools Federal Credit<br/>Union<br/>IRA (cash only)</p>   | <p>\$1,001 -<br/>\$15,000</p>  | <p>INTEREST</p>  | <p>\$1,001 - \$2,500</p>  |  |
| <p>SP Desert Schools Federal Credit<br/>Union CD (cash only)</p>  | <p>\$15,001 -<br/>\$50,000</p>   | <p>INTEREST</p>  | <p>\$1,001 - \$2,500</p>  |  |

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

Name Edward L. Pastor

Page 4 of 7

|    |   |                         |          |                   |  |
|----|---|-------------------------|----------|-------------------|--|
| SP | Desert Schools Federal Credit Union Savings Account (cash only) | \$15,001 - \$50,000     | INTEREST | \$1,001 - \$2,500 |  |
|    | Marisol Federal Credit Union Savings Acct (cash only)           | \$1,001 - \$15,000      | INTEREST | \$1 - \$200       |  |
| SP | Met Life Annuity (not self directed)                            | \$50,001 - \$100,000    | INTEREST | \$2,501 - \$5,000 |  |
|    | Met Life Annuity (not self directed)                            | \$1,001 - \$15,000      | INTEREST | \$201 - \$1,000   |  |
| SP | Nationwide Retirement Services (457 Plan not self directed)     | \$15,001 - \$50,000     | N/A      | N/A               |  |
|    | Residential Lot, Guadalupe, AZ                                  | \$1,001 - \$15,000      | N/A      | N/A               |  |
|    | Thrift Savings Plan, Washington DC                              | \$500,001 - \$1,000,000 | N/A      | N/A               |  |

**SCHEDULE V - LIABILITIES**

Name Edward L. Pastor

Page 5 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,<br>DC,<br>JT | Creditor                             | Date<br>Liability<br>Incurred | Type of Liability                                | Amount of Liability |
|------------------|--------------------------------------|-------------------------------|--|---------------------|
| JT               | Washington Mutual Bank, Milwaukee WI | Dec 1997                      | Mortgage on 1015 W<br>Campbell Ave., Phoenix, AZ | \$15,001 - \$50,000 |
| JT               | Wells Fargo Bank, Des Moines, IA     | Mar 1995                      | Mortgage on 649 C St #304,<br>Washington DC      | \$15,001 - \$50,000 |

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Edward L. Pastor

Page 6 of 7

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--<br>Destination--Point of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family<br>Member Included?<br>(Y/N) | Days not at<br>sponsor's<br>expense |
|---------------------|-----------|--|-------------------|----------------|---|-------------------------------------|
| The Aspen Institute | Aug 16-21 | Phx-Vancouver BC Canada-<br>Phx                      | Y                 | Y              | Y   | None                                |

# SCHEDULE VIII - POSITIONS

Name Edward L. Pastor

Page 7 of 7

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   | Congressional Hispanic Caucus<br>Washington, DC           |
| Member   | Congressional Hispanic Caucus Institute<br>Washington, DC |

LEGISLATOR