

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

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For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2006 MAY 15 PM 5:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robert William Bishop
(Full Name)

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(Mailing Address)

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Daytime Telephone:

(Office Use Only)

Filer Status

Member of the U.S. House of Representative

State: UT
District: 01

Officer Or Employee

Employing Office:

Report Type

Annual (May 15)

Amendment

Termination

Termination Date:

Assessment will be assessed against anyone who files more than 30 days late.

HAND DELIVERED

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"/> If yes, complete and attach Schedule I.</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"/> If yes, complete and attach Schedule II.</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"/> If yes, complete and attach Schedule III.</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"/> If yes, complete and attach Schedule IV.</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"/> If yes, complete and attach Schedule V.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</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 \$305 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p> <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

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

This 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 Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form 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)

MAY 15, 2006

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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
Utah State Retirement System	Educator Pension	\$25,651.15
Box Elder School District	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Bishop

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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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.		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 If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Invesco	\$1,001 - \$15,000	None	NONE	
JT	Barnes Bank Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name Robert William Bishop

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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 your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	MBNA America	Credit Card	\$15,001 - \$50,000
	Chase	Credit Card	\$15,001 - \$50,000
	Bank of America	Credit Card	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 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	Feb. 3-5	Wash, DC--Baltimore, MD-- Wash, DC	Y	Y	N	0
US Assoc of Former Member of Congress - German Study Group	Mar. 18-24	Wash, DC--Berlin, Germany-- Frankfurt, Germany--Wash, DC	Y	Y	Y	0
German Marshall Fund	Jul. 2-8	Salt Lake City, UT--Berlin, Germany--Elmau, Germany-- Salt Lake City, UT	Y	Y	Y	0
American Israel Education Foundation	Aug. 21-26	Salt Lake City, UT--Israel-- Salt Lake City, UT	Y	Y	Y	0