

HAND DELIVERED

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

FORM A  
For use by Members, officers, and employees

Page 1 of 6

NORMAN D. DICKS  
(Full Name)

LEGISLATIVE RESOURCE CENTER

2467 RAYBURN HOB WASHINGTON, DC 20515

2006 MAY 12 AM 11:34

(Mailing Address)

Daytime Telephone: 202-225-5916

Office Use Only

Filer Status  
 Member of the U.S. House of Representative

State: WA  
District: 06

Employing Office:

Officer Or Employee  
 Officer  
 Employee

Report Type  
 Annual (May 15)

Amendment

Termination

Termination Date:

U.S. HOUSE OF REPRESENTATIVES  
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 \$305 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 \$305 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 a 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 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?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

*Norman D. Dicks*

Date (Month, Day, Year)

*11 May 06*

# SCHEDULE I - EARNED INCOME

Name NORMAN D. DICKS

Page 2 of 6

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
US Capitol Historical Society	Spouse Salary	N/A

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

Name NORMAN D. DICKS

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<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 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.</p> <p>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.</p> <p>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.</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>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)</p>	<p>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.</p>	<p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
SP	<p>Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Spring Field, MA IRA</p>	\$15,001 - \$50,000	DIVIDENDS	NONE	
SP	<p>Lincoln Life Multi Fund, P.O. Box 2340, Fort Wayne, IN 46801, Retirement Annuity This is total of Multi Fund account The break down of the four accounts within the Multi Fund are below</p>	\$50,001 - \$100,000	DIVIDENDS	NONE	
SP	<p>Lincoln Life-AFIS Growth</p>	\$15,001 - \$50,000	DIVIDENDS	NONE	

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

Name NORMAN D. DICKS

Page 4 of 6

SP	Lincoln Life-AFIS International	\$15,001 - \$50,000	DIVIDENDS	NONE	
SP	Lincoln Life - NB Mid Cap	\$15,001 - \$50,000	DIVIDENDS	NONE	
SP	Lincoln Life - Del Small Cap Value	\$15,001 - \$50,000	DIVIDENDS	NONE	
	Wright Patman Congressional FCU - P.O. Box 23267, Washington, DC 20026	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Wachovia Bank, N.A. North Capitol and E Washington, DC	\$1,001 - \$15,000	INTEREST	NONE	

# SCHEDULE IV - TRANSACTIONS

Name NORMAN D. DICKS

Page 5 of 6

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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA IRA	S	5-20-05	\$15,001 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name NORMAN D. DICKS

Page 6 of 6

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
Aspen Institute	Jan. 9, 2005-Jan. 14, 2005	DC-Punta Mita, Mexico-DC	Y	Y	Y	N/A
Maritime Trades Department	Feb. 24, 2005-Feb. 25-05	Seattle, WA-Las Vegas, NV- DC	Y	Y	N	N/A
Public Governance Institute	Mar. 7, 2005-Mar. 8, 2005	DC-Wye River Conference Center-DC	Y	Y	N	N/A
Aspen Institute	Mar. 25, 2005- April, 3, 2005	Seattle, WA-China-Seattle, WA	Y	Y	Y	N/A