

AND DELIVERED

Page 1 of 2

FORM A

For use by Members, officers, and employees

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

Vernon J. Ehlers

(Full Name)

1848 Morningside Drive SE Grand Rapids, MI 49506

(Mailing Address)

202-225-3831

Daytime Telephone:

LEGISLATIVE RESOURCE CENTER

2006 MAY 10 AM 11:22
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: MI	Officer Or Employee	Employing Office:
	District: 3			
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

OFFICE OF THE CLERK
YOU MUST 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 checked="" type="checkbox"/> No <input 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 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 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

Vernon J. Ehlers

Date (Month, Day, Year)

5/9/06

SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers

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) 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
State of Michigan	Pension	\$34,389
State of California	Pension	\$3,858
Kent County, Michigan	Pension	\$1,969

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Vernon J. Ehlers

Page 3 of 7

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
"Growing U" Grand Rapids, MI	Speech	May 8, 2005	\$100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

Page 4 of 7

<p>BLOCK A</p> <p>Asset and/or Income Source</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 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>BLOCK B</p> <p>Year-End Value of Asset</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>BLOCK C</p> <p>Type of Income</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>BLOCK D</p> <p>Amount of 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>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
<p>SP Lake Michigan Credit Union IRA</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>N/A</p>	<p>N/A</p>
<p>Lake Michigan Credit Union</p>	<p>\$100,001 - \$250,000</p>	<p>DIVIDENDS</p>	<p>\$2,501 - \$5,000</p>	<p>N/A</p>
<p>Northern Trust Bank</p>	<p>\$100,001 - \$250,000</p>	<p>INTEREST</p>	<p>\$1,001 - \$2,500</p>	<p>N/A</p>
<p>Bank One</p>	<p>\$1,001 - \$15,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	<p>N/A</p>
<p>IRA Marsico Growth Fund</p>	<p>\$1,001 - \$15,000</p>	<p>combination</p>	<p>N/A</p>	<p>N/A</p>
<p>IRA Vanguard 500 Index Fund</p>	<p>\$15,001 - \$50,000</p>	<p>combination</p>	<p>N/A</p>	<p>N/A</p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

IRA Fidelity Cash Reserves	\$1,001 - \$15,000	combination	N/A	N/A
IRA Excelsior Value and Restructuring Fund	\$15,001 - \$50,000	combination	N/A	N/A
IRA First Eagle Fund of America	\$15,001 - \$50,000	combination	N/A	N/A
IRA Wasatch Growth Fund	\$15,001 - \$50,000	combination	N/A	N/A
IRA Fidelity Advisor Diversified International Fund	\$15,001 - \$50,000	combination	N/A	N/A
IRA Morgan Stanley Core Plus Fund	\$15,001 - \$50,000	combination	N/A	N/A
IRA Vanguard Short Term Corporate Bond Fund	\$50,001 - \$100,000	combination	N/A	N/A
IRA Vanguard Long Term Corporate Bond Fund	\$15,001 - \$50,000	combination	N/A	N/A
TIAA CREF Retirement Account TIAA Traditional Fund	\$50,001 - \$100,000	combination	N/A	N/A
TIAA CREF Retirement Account CREF Stock Fund	\$100,001 - \$250,000	combination	N/A	N/A
TIAA CREF Retirement Fund CREF Real Estate Fund	\$50,001 - \$100,000	combination	N/A	N/A
TIAA CREF Retirement Fund CREF Bond Market Fund	\$50,001 - \$100,000	combination	N/A	N/A
TIAA CREF Retirement Fund CREF Inflation Linked Bond Fund	\$50,001 - \$100,000	combination	N/A	N/A
TIAA CREF SRA Retirement Fund TIAA Traditional Fund	\$1,001 - \$15,000	combination	N/A	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

Page 6 of 7

	TIAA CREF SRA Retirement Fund CREF Stock Fund	\$1,001 - \$15,000	combination	N/A	N/A

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers

Page 7 of 7

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
Electronic Industries Alliance	Oct. 7-10	Washington D.C. To Charleston S.C. To Grand Rapids, Mi	Y	Y	Y	N/A
McAullife Center for Education	Oct. 16-17	Grand Rapids, MI to Sturbridge MA to Washington D.C.	Y	Y	N	N/A