

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

*Vito John Fossella*

*15 Grandview Terrace*

*Staten Island, N.Y. 10308*

(Full Name)

(Mailing Address)

FORM A

For use by Members, officers, and employees

*MC*  
LEGISLATIVE RESOURCE CENTER

2006 MAY 12 PM 1:09

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <i>New York</i>	Officer or Employee	<input type="checkbox"/>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	District: <i>13</i>	Employing Office:	
	<input type="checkbox"/> Amendment		Daytime Telephone:	<i>718-356-8400</i>
			Termination	<input type="checkbox"/>
			Termination Date:	

**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 type="checkbox"/> No <input checked="" 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 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 type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —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"/>
<b>EXEMPTION</b> —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 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
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.		<i>5/11/06</i>





2005 Fossella Attachment

Chase Manhattan IRA breakdown

IRA holdings

IRA holdings	Value	Income
Fidelity Cash Reserves	\$1-\$1,000	
Columbia Conservative High Yield	\$1,001-\$15,000	
DWS Dremman Small Cap Value	\$1-\$15,000	\$201-\$1,000
Dreyfus Premier Emerging Markets	\$1-\$1,000	
Eaton Vance Large Cap Value	\$1,001-\$15,000	\$1,001-\$2,500
Fidelity Advisor Short Fixed Income	\$15,001-\$50,000	\$5,001-\$15,000
MFS Investor Growth	\$1,001-\$15,000	\$201-\$1,000
Pimco Total Return	\$1,001-\$15,000	
Templeton Foreign	\$1,001-\$15,000	
JP Morgan Chase Stock	\$15,001-\$50,000	\$1,001-\$2,500