

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES

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A \$200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES		FORM A	
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005		For use by Members, officers, and employees	
Michael Honda (Full Name)			
6154 Valley Glen Drive San Jose CA 95123 (Mailing Address)			
		Daytime Telephone: 202 225 2631	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA District: 13	<input type="checkbox"/> Officer or Employee
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Employing Office: Mike Honda <input type="checkbox"/> Termination

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 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"/>
EXEMPTION —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>Michael M Honda</i>	5/15/06

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

BLOCK A Asset and/or Income Source <small>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 the instruction booklet for the reporting year.</small>		BLOCK B Value of Asset <small>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 generated income, the value should be “None.”</small>												BLOCK C Type of Income <small>Check all columns that apply. Leave blank if asset did not generate any income during the calendar year.</small>							BLOCK D Amount of Income <small>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. Check “None” if no income was received.</small>											BLOCK E Transaction <small>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</small>	
		A	B	C	D	E	F	G	H	I	J	K	L	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income <small>(Specify: For Example, Partnership Income or Farm Income)</small>	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000								None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000		
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X								X						Royalties				X						X			P
			Simon & Schuster		Indefinite											X									X								
			1st Bank of Paducah, KY accounts				X								X											X							
			San Bernardino Land parcel # 046271130000	X																	X												
			KeyStone / Evergreen Shell Co. Growth A	X										X								X											
			Fidelity Funds			X								X								X											
			Fidelity Funds		X									X								X											
			Sun Life Canada			X								X									X										
			Sun Life Canada	X										X								X											

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael Honda 2005

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 Faith & Politics Institute	Mar. 4-6	Wash., D.C.-Birmingham, Montgomery & Selma, AL-Wash., D.C.	Y	Y	N	N/A
Japanese American Bar Association	Mar. 25, 26	San Jose, CA-Los Angeles, CA-San Jose, CA	Y	Y	N	N/A
American Federation of Teachers	Apr. 2	San Francisco, CA-Anaheim, CA-San Francisco, CA	N	N	N	N/A
Asian American Heritage Foundation	May 12	Wash., D.C.-Atlanta, GA-San Jose, CA	Y	Y	N	N/A
Ethiopian North American Health Professionals Association	May 31-Jun. 8	Wash., D.C.-Addis Ababa, Ethiopia-Wash., D.C.	N	Y	N	N/A
National Japanese American Citizens League	Jun. 25-26	San Antonio, TX-Salt Lake City, UT-San Jose, CA	Y	Y	N	N/A
American Legacy Foundation	Jul. 22-24	Wash., D.C.-Chicago, IL-Wash., D.C.	Y	Y	N	N/A
Woodrow Wilson Center for Scholars	Nov. 26-Dec. 1	Los Angeles, CA-Dallas, TX-Sao Paulo, Brazil-Sao Bernardo-Sao Jose dos Campos-Sao Paulo, Brazil-Dallas, TX-Phoenix, AZ	Y	Y	N	N/A