

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

FORM A
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2006 MAY 15 PM 4: 53

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED *Mc*
 (Office Use Only)

Gregory W. Meeks

(Full Name)

660 Grassmere Terrace

Far Rockaway, NY 11691 202-225-3461

(Mailing Address)

Daytime Telephone:

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>New York</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
		District: <u>6</u>		
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	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 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 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 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>Gregory W. Meeks</i>	5/15/06

PLEASE RESPOND TO:

WASHINGTON OFFICE:
1710 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3206

(202) 225-2461
FAX: (202) 226-4169
www.house.gov/meeeks

DISTRICT OFFICES:
196-08 LINDEN BOULEVARD
ST. ALBANS, NY 11412
(718) 949-5600
FAX: (718) 949-5872
1931 MOTT AVENUE, ROOM 305
FAR ROCKAWAY, NY 11691
(718) 327-8791
FAX: (718) 327-4722

Congress of the United States House of Representatives

GREGORY W. MEEKS
6TH DISTRICT, NEW YORK

May 26, 2006

Committee On Standards of Official Conduct
B-106 Cannon HOB
Washington, DC 20515-0001

Dear Sir:

Please be advised that when filing my Financial Disclosure on May 15, 2006, I should have filed a no to question number V.

If there are additional questions please contact me at 202-224-3461.

Thank you and with best regards, I am

Sincerely,



GREGORY W. MEEKS
Member of Congress

GWM/pcf

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2006 MAY 26 PM 3: 53

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U.S. HOUSE OF REPRESENTATIVES

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COMMITTEES:
FINANCIAL SERVICES

SUBCOMMITTEES:
CAPITAL MARKETS, INSURANCE, AND
GOVERNMENT SPONSORED ENTERPRISES
FINANCIAL INSTITUTIONS AND CONSUMER CREDIT

INTERNATIONAL RELATIONS

SUBCOMMITTEES:
AFRICA, GLOBAL HUMAN RIGHTS, AND
INTERNATIONAL OPERATIONS
WESTERN HEMISPHERE