

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

**FORM A**

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For use by Members, officers, and employees

**HAND DELIVERED**  
LEGISLATIVE RESOURCE

Charles Albert Dutch Ruppersberger

(Full Name)

10 Highfield Court Cockeyville, MD 21030

(Mailing Address)

202-225-3061

Daytime Telephone:

2006 MAY -9 PM 5:43

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

MC

**Filer Status**

Member of the U.S. House of Representatives  
State: MD  
District: 02

Officer Or Employee

Employing Office:

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

**Report Type**

Annual (May 15)  Amendment  Termination

Termination Date:

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

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

<p><b>Trusts--</b></p>	<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b></p>	<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

<p>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).</p>	<p>Signature of Reporting Individual <i>C.A. Dutch Ruppersberger</i></p>	<p>Date (Month, Day, Year) 05/09/06</p>
<p>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.</p>		

**SCHEDULE I - EARNED INCOME**

Name Charles Albert Dutch Ruppensberger

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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
Baltimore County	Retirement Pension	\$83,064.06

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

Name Charles Albert Dutch Ruppensberger

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BLOCK A <b>Asset and/or Income Source</b> 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.  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.  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.		BLOCK B <b>Year-End Value of Asset</b> 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."	BLOCK C <b>Type of Income</b> 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)	BLOCK D <b>Amount of Income</b> 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.	BLOCK E <b>Transaction</b> Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Summer Beach 608 Ocean, City, MD	\$250,001- \$500,000	RENT	\$5,001 - \$15,000	
	Rupp & Assoc. Inc Timonium, MD (TRUST)	\$100,001 - \$250,000	(TRUST)	\$100,001-\$250,000	
JT	Bank of America	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	FIRST MARINER	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	LEGG MASON VALUE TRUST (IRA)	\$100,001 - \$250,000	CAPITAL GAINS	N/A	
	LEGG MASON SPECIAL INVESTMENT TRUST (IRA)	\$250,001 - \$500,000	CAPITAL GAINS	\$15,001 - \$50,000	

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

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SP	MFS SUN LIFE FINANCIAL ANNUITIES (IRA)	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	NEU BER GENESIS FUND	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	MFS SUN LIFE FINANCIAL ANNUITIES (IRA)	\$15,001 - \$50,000	INTEREST/CAPITAL GAINS	N/A	
	FIDELITY EQUITY INCOME FUND	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	GARTMORE NATIONWIDE FUND	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	FIDELITY CONTRAFUND	\$100,001 - \$250,000	CAPITAL GAINS	N/A	
	MFS HIGH INCOME FUND	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	GVITSM CAP VALUE	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	OPPNHMR CAP APPR	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
	LEGG MASON OPP TRUST (IRA)	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
SP	LEGG MASON INC (IRA)	\$15,001 - \$50,000	CAPITAL GAINS	N/A	
SP	TIME WARNER INC	\$1,001 - \$15,000	CAPITAL GAINS	N/A	
SP	JOHN J. MURPHY TRUST (FERRIS BAKER WATT)	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
SP	MBNA CORPORATION	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

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

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SP	SHENANDOAH VALLEY NATIONAL BANK	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	P
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# SCHEDULE IV - TRANSACTIONS

Name Charles Albert Dutch Ruppertsberger

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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
	Brown Cap Management Small Company Fund	S	02-05	\$1,001 - \$15,000
	Fidelity Magellan Fund	E	02-05	\$1,001 - \$15,000
	Gartmore Money Market Fund	S	02-05	\$15,001 - \$50,000
	Putnam Voyager Fund	S	02-05	\$15,001 - \$50,000
SP	SHENANDOAH VALLEY NATIONAL BANK	P	10-05	\$50,001 - \$100,000

# SCHEDULE VIII - POSITIONS

Name Charles Albert Dutch Ruppertsberger

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	University of Baltimore Law School Advisory Council
Board Member	University of MD Medical Systems Shock Trauma
Board Member	Maryland State Fair
Board Member	Any Soldier, Inc

# SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
08-24-75	Baltimore County Employment Retirement System	Baltimore County Pension Plan & Deferred Compensation Plan (Effective 8/24/75)