

HAND DELIVERED

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

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

Ted Strickland

320 N. Market Street

Lisbon, OH 44432

2006 MAY 10 AM 11:57

MC

Daytime Telephone: 202-225-5703
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: OH	Officer or Employee	<input type="checkbox"/> Officer <input type="checkbox"/> Employee
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	District: 0	Termination	<input type="checkbox"/> Termination
		Amendment	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 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.	Ted Strickland	May 10, 2006

TED STRICKLAND
6TH DISTRICT, OHIO

ENERGY AND COMMERCE

SUBCOMMITTEE ON ENERGY
AND AIR QUALITY

SUBCOMMITTEE ON COMMERCE, TRADE,
AND CONSUMER PROTECTION

SUBCOMMITTEE ON HEALTH

VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH



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STEEL CAUCUS

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SPORTSMEN'S CAUCUS

CONGRESSIONAL CORRECTIONAL
OFFICERS CAUCUS
FOUNDER AND CO-CHAIR

Congress of the United States
House of Representatives
Washington, DC 20515-3506

May 17, 2006

Ms. Karen Haas
Clerk
U.S. House of Representatives
B106 Cannon House Office Building
Washington, D.C. 20515

Dear Ms. Haas:

On Wednesday, May 10, 2006, I filed my financial disclosure statement for 2005. It has come to my attention that I inadvertently failed to check a block under value of asset, Schedule III.

Please allow this letter to inform you that my financial disclosure statement for 2005, page 3, Schedule III-Assets and "Unearned Income", should have included a check under the \$50,001 - \$100,000 block, value of asset for Smith Educational Enterprises, Inc.

Thank you for your attention to this matter. Please contact my office if you have any questions.

Sincerely,

Ted Strickland

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