

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

**FORM A** Page 1 of 7  
For use by Members, officers, and employees

**HAND DELIVERED**

Michael C. Burgess, M.D.  
(Full Name)

P.O. Box 292728 Lewisville, TX 75029-2728  
(Mailing Address)

2022257772  
Daytime Telephone:

RELATIVE RESOURCE CENTER 9  
2007 MAY 30 PM 4:50  
(Office Use Only) LERK MC

**Filer Status**  Member of the U.S. House of Representatives State: TX District: 26  Officer Or Employee  
**Employing Office:**  
**Report Type**  Annual (May 15)  Amendment  Termination **Termination Date:**

U.S. HOUSE OF REPRESENTATIVES  
**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 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 checked="" 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**

<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>Exemptions--</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 U.S.C. § 1001).

<b>Certification</b> 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.	<b>Signature of Reporting Individual</b> <i>Michael C. Burgess</i>	<b>Date (Month, Day, Year)</b> 5/30/2007
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**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael C. Burgess, M.D.

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<p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<p align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></p> <p>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."</p>	<p align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. 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)</p>	<p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></p> <p>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 earned.</p>	<p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p align="center">SEE ATTACHED PAGES: 2A AND 2B</p>				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

SP, DC, JT	ASSET and/or INCOME SOURCE	YEAR END VALUE OF ASSE	TYPE OF INCOME	AMOUNT OF INCOM	TRANSACTION
	LAKE POINT MEDICAL REALTY GP, LLC	NONE	PARTNERSHIP INCOME	NONE	
	LAKE POINT MEDICAL REALTY LTD	100,001-250,000	PARTNERSHIP INCOME	NONE	P
	5 ACRES TALKEETNA, AK	1,001-15,000		NONE	
	1 ACRE 1831 CROW ST., DENTON, TEXAS	15,001-50,000		NONE	
	4637 IVANHOE, FT. WORTH, TEXAS	50,001-100,000		NONE	
	2.5 ACRES HARBOR SOUTH, ARKANSAS	15,001-50,000		NONE	
	ROBERT J. WIDMER, TRUSTEE	50,001-100,000	INTEREST (ESTATE)	5,001-15,000	
	COMPASS BANK	1,001-15,000	INTEREST	201-1,000	
	UNITED COMMUNITY BANK (account closed in 2006)	NONE	INTEREST	1-200	
	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	1-1,000	INTEREST	1-200	
	FIRST SECURITY BANK (CD)	100,001-250,000	INTEREST	5,001-15,000	
	NORTHWESTERN MUT LIFE INS CO	1-1,000	INTEREST	1-200	
SP	METLIFE	1,001-15,000	DIVIDENDS	1-200	
	CENTENNIAL MONEY MARKET (COMBINED)	1,001-15,000	INTEREST	1-200	
	ALCATEL LUCENT ADS (IRA)	1-1,000		NONE	
	AVAYA INC (IRA)	1-1,000		NONE	
	CISCO SYSTEMS INC	1-1,000		NONE	
	GENERAL ELECTRIC	1,001-15,000	DIVIDENDS	1-200	
	ISHARE DJ US TLMC ACT IDX	1,001-15,000	DIVIDENDS	1-200	
	LIMITED BRANDS	1-1,000	DIVIDENDS	1-200	
	MICROSOFT	1,001-15,000	DIVIDENDS	1-200	
	UNITED PARCEL SERVICE	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertently omitted in 2005				
	WYETH	1,001-15,000	DIVIDENDS	1-200	
	GENWORTH VARIABLE ANNUITY PLUS (f/k/a GE LF Annuity)	15,001-50,000	DIVIDENDS	201-1,000	
SP	ALCATEL LUCENT ADS (IRA)	1-1,000		NONE	
SP	AMERICAN MOVIL SA DE CV (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	AVAYA INC (IRA)	1-1,000		NONE	
SP	PFIZER INC. (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	STRYKER CORP. (IRA)	15,001-50,000	DIVIDENDS	1-200	
SP	TELEFONOS DE MEXICO (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	FIDELITY ADV. SERIES - EQUITY GROWTH FUND	1,001-15,000		NONE	
SP	MFS SERIES TRUST II - EMERGING GROWTH FD	1-1,000		NONE	
	AT&T (IRA)	1,001-15,000	DIVIDENDS	1-200	P
	ABBOTT LABS (IRA)	1,001-15,000	DIVIDENDS	1-200	
	AMERICAN MOVIL SA DE CV (IRA)	1,001-15,000	DIVIDENDS	1-200	
	CIGNA CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	WALT DISNEY CO. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	FORD MOTOR CO. (IRA)	1-1,000		NONE	
	GENERAL ELECTRIC (IRA)	1-1,000	DIVIDENDS	1-200	
	HOSPIRA INC (IRA)	1-1,000		NONE	
	INTEL CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	IBM CORP. (IRA)	1-1,000	DIVIDENDS	1-200	
	ISHARES US TREAS INFLATION PROT SECS (IRA)	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertently omitted in 2005				
	MEDCO HEALTH SOLUTIONS (IRA)	1-1,000		NONE	
	MERCK AND CO. (IRA)	1,001-15,000	DIVIDENDS	201-1000	
	MICROSOFT CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	NOKIA (IRA)	1-1000	DIVIDENDS	1-200	
	PENN WEST ENERGY TRUST f/k/a Petrofund (IRA)	1,001-15,000	DIVIDENDS	201-1,000	
	SOUTHWEST AIRLINES (IRA)	1,001-15,000	DIVIDENDS	1-200	
	STRYKER CORP. (IRA)	15,001-50,000	DIVIDENDS	1-200	
	TELEFONOS DE MEXICO (IRA)	1,001-15,000	DIVIDENDS	1-200	
	TEXAS INSTRUMENTS (IRA)	1-1,000	DIVIDENDS	1-200	
	TIME WARNER (IRA)	1-1,000	DIVIDENDS	1-200	
	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)	1,001-15,000	DIVIDENDS	201-1,000	
	MFS SERIES TRUST II - EMERGING GROWTH FD. (IRA)	1-1,000	DIVIDENDS	1-200	
JT	FIDELITY CASH RESERVES (Money Market)	1,001-15,000	DIVIDENDS	201-1,000	



**SCHEDULE IV - TRANSACTIONS**

Name Michael C. Burgess, M.D.

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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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	SAN JUAN BASIN ROYALTIES UNIT BEN INT.	P	2-22-06	\$1,001 - \$15,000
	SAN JUAN BASIN ROYALTIES UNIT BEN INT.	S	12-20-06	\$1,001 - \$15,000
	ISHARES MSCI JAPAN	P	2-22-06	\$1,001 - \$15,000
	VANGUARD ENERGY INDEX	P	2-22-06	\$1,001 - \$15,000
	MATTHEWS INTERNATIONAL KOREA	P	3-21-06	\$1,001 - \$15,000
	AMR	P	8-28-06	\$1,001 - \$15,000
	DELL	S	3-21-06	\$1,001 - \$15,000
	POWERSHARES HIGH GR DVID 100 ACHIEVER	P	3-14-06	\$1,001 - \$15,000
JT	FIDELITY SHORT TERM BOND	S	6-28-06	\$1,001 - \$15,000
JT	FIDELITY GINNIE MAE	S	6-28-06	\$1,001 - \$15,000
JT	FIDELITY MORTGAGE SECURITIES	S	6-28-06	\$15,001 - \$50,000
	AT&T	P	12-22-06	\$1,001 - \$15,000

**SCHEDULE IV - TRANSACTIONS**

Name Michael C. Burgess, M.D.

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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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	HCA, INC.	S	11-20-06	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name Michael C. Burgess, M.D.

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	BANK OF AMERICA	MORTGAGE ON 4637 IVANHOE, FORT WORTH, TEXAS	\$15,001 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Michael C. Burgess, M.D.

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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
ALLIANCE FOR HEALTH REFORM	JAN 12-14	DC-AVENTURA, FL- DALLA/FORT WORTH TX	Y	Y	N	NONE
THE HERITAGE FOUNDATION RSC RETREAT	JAN 26-31	BALTIMORE-DC	Y	Y	N	NONE
AMERICAN ASSOC OF CLINICAL ENDOCRINOLOGISTS	AUG 12-13	DALLAS/FORT WORTH, TX- GALVESTON-DALLAS/FORT WORTH	Y	Y	Y	NONE

# SCHEDULE VIII - POSITIONS

Name Michael C. Burgess, M.D.

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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 OF TRUSTEES (RETIRED MEMBER)	MEDICAL CENTER OF LEWISVILLE, TX