

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

**FORM A** Page 1 of 9  
For use by Members, officers, and employees

**HAND DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
2007 MAY 15 PM 3:36  
Office Use Only THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

9

Daniel William Lipinski  
(Full Name)

4501 Grand Avenue Unit 2 Western Springs, IL 60558  
(Mailing Address)

3128860481  
Daytime Telephone:

**Filer Status**

Member of the U.S. House of Representative

State: IL  
District: 03

Officer Or Employee

Employing Office:

**Report Type**

Annual (May 15)

Amendment

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**

<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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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**

<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).

<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>	<p>Signature of Reporting Individual <i>Dan Lipinski</i></p>	<p>Date (Month, Day, Year) 5-15-07</p>
---	--	--

# SCHEDULE I - EARNED INCOME

Name Daniel William Lipinski

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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
Coventry Health Care	Spouse Salary	N/A

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

Name Daniel William Lipinski

<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>
Vanguard 500	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	P
IRA Vanguard 500 Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Corus Bank	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
401k Fidelity Contrafund	\$1,001 - \$15,000	None	NONE	
401k Fidelity Puritan Fund	\$15,001 - \$50,000	None	NONE	
JT First National Bank of LaGrange	\$1,001 - \$15,000	None	NONE	

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

Name Daniel William Lipinski

Page 4 of 9

	Retirement TIAA Traditional	\$1,001 - \$15,000	None	NONE	
	Retirement CRFF Stock	\$1,001 - \$15,000	None	NONE	
	Retirement CRFF Bond Mkt	\$1,001 - \$15,000	None	NONE	
	Retirement CRFF Growth	\$1,001 - \$15,000	None	NONE	
	Retirement CRFF Equity Index	\$1,001 - \$15,000	None	NONE	
SP	Metlife TCA Money Market Account	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	Wachovia Bank	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
SP	Marsh & McLennan Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Conventry Healthcare Stock	\$15,001 - \$50,000	None	NONE	
SP	MetLife Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	IRA TD Bank USA Money Market	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	IRA Caldwell & Orkin Market Opp Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	IRA Eaton Vance St. Floating Rate Inst.	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$1,001 - \$2,500	S
SP	IRA PIMCO Floating Income Inst	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$201 - \$1,000	P

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

Name Daniel William Lipinski

Page 5 of 9

SP	TDAM Money Market Portfolio (TD Waterhouse)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Metropolitan West Strategic Income	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Arbitrage Fds Class R	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	
SP	Caldwell & Orkin Market Opp Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S
SP	First Eagle Global Fund CLI	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$5,001 - \$15,000	S
SP	Hussman Inv. Tr. Strategic Growth	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$1,001 - \$2,500	
SP	Leuthold Core	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$2,501 - \$5,000	S
SP	Merger Fund SBI	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$1,001 - \$2,500	S
SP	PIMCO All Asset Fund Inst Class	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$2,501 - \$5,000	S
SP	Diamond Hill Focus Long Short Fund	\$15,001 - \$50,000	DIVIDENDS CAPITAL GAINS	\$1,001 - \$2,500	P
SP	Van Eck Global Hard Assets Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	P
SP	IRA Met West Strategic Inc	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Arbitrage Funds Class R	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	S
SP	401k American Fund Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

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

Name Daniel William Lipinski

Page 6 of 9

SP	401k Coventry Stock	\$15,001 - \$50,000	None	NONE	P
SP	401k Equity Index Trust	\$1,001 - \$15,000	None	NONE	
SP	401k Fidelity Low Price Stock Fund	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	
SP	401k Neuberger Genesis Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	401k Templeton Foreign Fund	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	
SP	401k TRP Midcap	\$15,001 - \$50,000	None	NONE	
SP	401k Vanguard Growth & Income	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	401k Vanguard Midcap Stock Index	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	401k Vanguard Prime Cap	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	401k PIMCO Total Return Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	401k Summit Cash Reserve	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	401k Marsh & McLennan Stock Fund	\$15,001 - \$50,000	None	NONE	
SP	401k Putnam S&P 500 Index Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

Page 7 of 9

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
	Vanguard 500	P	4/28/2006	\$15,001 - \$50,000
SP	IRA Eaton Vance St. Floating Rate Inst.	S	01/27/2006	\$15,001 - \$50,000
SP	IRA PIMCO Floating Income Inst	P	08/22/2006	\$15,001 - \$50,000
SP	Caldwell & Orkin Market Opp Fund	S	08/16/2006	\$1,001 - \$15,000
SP	First Eagle Global Fund CLI	S	08/16/2006	\$15,001 - \$50,000
SP	Leuthold Core	S	08/16/2006	\$1,001 - \$15,000
SP	Merger Fund SBI	S	08/16/2006	\$15,001 - \$50,000
SP	PIMCO All Asset Fund Inst Class	S	08/16/2006	\$1,001 - \$15,000
SP	Diamond Hill Focus Long Short Fund	P	08/22/2006	\$15,001 - \$50,000
SP	Van Eck Global Hard Assets Fund	P	08/24/2006	\$15,001 - \$50,000
SP	IRA Met West Strategic Inc	P	08/22/2006	\$15,001 - \$50,000
SP	IRA Arbitrage Funds Class R	S	08/17/2006	\$15,001 - \$50,000

**SCHEDULE IV - TRANSACTIONS**

Name Daniel William Lipinski

Page 8 of 9

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
SP	401k Coventry Stock	P	Bi-weekly contribution	\$1,001 - \$15,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Daniel William Lipinski

Page 9 of 9

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
Harvard Center at JFK School of Government	Nov. 30 - Dec. 1	Chicago, IL - Boston, MA - Chicago, IL	Y	Y	N	N/A