

**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

FORTNEY PETE STARK

(Full Name)

2007 MAY 15 PM 4:53

239 CANNON HOB WASHINGTON, DC 20515

2022255065

(Mailing Address)

Daytime Telephone:

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

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Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: <u>CA</u> District: <u>13</u>	<input type="checkbox"/> Officer Or Employee	Employing Office	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	
			Termination Date:	

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

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"/>
Exemptions- 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 wilfully falsifies, or who knowingly and wilfully 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).

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>Pete Stark</i>	5-15-07

SCHEDULE I - EARNED INCOME

Name FORTNEY PETE STARK

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
Pete Stark Re-Election Committee	Spouse Consulting Fee	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name FORTNEY PETE STARK

Page 3 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
American Clinical Laboratory Association	Speech	Sep. 28, 2006	\$1,000
Institute of Management & Administration, Inc.	Speech	Sep. 28, 2006	\$1,000
American Hospital Association - The Fund for Political Education	Speech	Jul. 12, 2006	\$2,000
WC Research, Inc.	Speech	Apr. 19, 2006	\$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name FORTNEY PETE STARK

Page 4 of 9

<p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</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">BLOCK B</p> <p align="center">Year-End Value of Asset</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">BLOCK C</p> <p align="center">Type of Income</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">BLOCK D</p> <p align="center">Amount of Income</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">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
BED	\$250,001 - \$500,000	DIVIDENDS	\$15,001 - \$50,000	S
CHAS. SCHWAB CMA VARIOUS	\$500,001 - \$1,000,000	INTEREST	\$5,001 - \$15,000	
DCTH	\$100,001 - \$250,000	None	NONE	
DODFX	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	P
DODGX	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	P
FRT	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name FORTNEY PETE STARK

Page 5 of 9

GDW	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	S/E
GLB/A	\$250,001 - \$500,000	DIVIDENDS	\$15,001 - \$50,000	S
Multi-tenant Warehouse- Littlefield Dr. So. San Francisco, CA	\$5,000,001 - \$25,000,000	RENT	\$1,000,001 - \$5,000,000	
Pappini Stark LLP	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	
PGH	\$500,001 - \$1,000,000	DIVIDENDS	\$100,001 - \$1,000,000	P
RENTAL HOUSE 2ND ST. SE, WASH., DC	\$1,000,001 - \$5,000,000	RENT	\$50,001 - \$100,000	
Richey Oil Co. Texas	\$250,001 - \$500,000	Other: Royalty	\$50,001 - \$100,000	
RNP	\$100,001 - \$250,000	DIVIDENDS	\$15,001 - \$50,000	
SBUX	\$15,001 - \$50,000	NONE	NONE	
SRQ	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
TWGTX	\$1,001 - \$15,000	None	NONE	
US SAVINGS BONDS	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
UTF	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
VGSIX	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name FORTNEY PETE STARK

Page 6 of 9

	WB	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	PE
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SCHEDULE IV - TRANSACTIONS

Name FORTNEY PETE STARK

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

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	WB	PE	10-04-06	\$50,001 - \$100,000
	DODFX	P	02-07-06	\$15,001 - \$50,000
	DODFX (Omitted in error in 2005)	P	10-05-05	\$100,001 - \$250,000
	DODFX	P	Various - Dividend reinvestments	\$1,001 - \$15,000
	GBL/A	S	11-29-06	\$250,001 - \$500,000
	VGSIX	P	Various - Dividend reinvestments	\$1,001 - \$15,000
	DODGX	P	Various - Dividend reinvest.	\$1,001 - \$15,000
	PGH	P	11-02-06	\$250,001 - \$500,000
	GDW	SE	10-04-06	\$50,001 - \$100,000
	BED	S	05-05-06	\$250,001 - \$500,000

SCHEDULE V - LIABILITIES

Name FORTNEY PETE STARK

PAGE 8 of 9

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
	America's Servicing Co.	Loan on rental house - 2nd St. SE Washington D.C.	\$500,001 - \$1,000,000
	Wells Fargo Mortgage Co.	Loan on rental house - 2nd St. SE Washington D.C.	\$250,001 - \$500,000
	Reliaster Life Insurance Co.	Mortgage on So. San Francisco Warehouse	\$5,000,001 - \$25,000,000

SCHEDULE VII - POSITIONS

Name FORTNEY PETE STARK

Page 9 of 9

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
President & Director	Stark Investment Co., Inc. - Fremont, CA
President & Director	Pete Stark Foundation - Fremont, CA