

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED

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

202-225-7772
(Daytime Telephone)

RESOURCE CENTER
2009 JUN -4 AM 7:14
(Office Use Only)

Filer Status

Member of the U.S. House of Representatives

State: TX
District: 26

Officer Or Employee

Employing Office:

Termination Date:

Report Type

Annual (May 15) Amendment Termination

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 \$335 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 \$335 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

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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
<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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</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">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">Type of Income</p> <p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</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, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</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>
<p>Please 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 ASSET	TYPE OF INCOME	AMOUNT OF INCOME	TRANSACTION
	LAKE POINT MEDICAL REALTY GP, LLC	NONE	PARTNERSHIP INCOME	NONE	
	LAKE POINT MEDICAL REALTY LTD	\$100,001 - 250,000	PARTNERSHIP INCOME	NONE	P
	DALE OPERATING GAS LEASE	NONE	RENTS	\$5,001 - 15,000	P
JT	74.845 ACRES LAMAR COUNTY, TX	\$100,001 - 250,000		NONE	P
	5 ACRES TALLEKEETNA, 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	
	Note Receivable 1: Wise-Co Properties, Lewisville, TX	\$15,001 - 50,000	INTEREST (ESTATE)	\$5,001 - 15,000	
	Note Receivable 2: Wise-Co Properties, Lewisville, TX	\$1,001 - 15,000	INTEREST (ESTATE)	NONE	
	COMPASS BANK	\$1,001 - 15,000	INTEREST	\$1 - 200	
	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	\$1,001 - 15,000		NONE	
	FIRST SECURITY BANK ACCOUNTS (COMBINED)	\$15,001 - 50,000	INTEREST	\$1,001 - 2,500	
	NORTHWESTERN MUT LIFE INS CO	\$1 - 1,000	INTEREST	\$1 - 200	
SP	METLIFE	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	AGE BANK DEPOSIT PGM (f/k/a CENTENNIAL MONEY MKT) COMBINED	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	ALCATEL LUCENT ADS	\$1 - 1,000		NONE	
	CISCO SYSTEMS INC	\$1 - 1,000		NONE	
	GENERAL ELECTRIC	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	ISHARE DJ US TLMC SCT IDX	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	LIMITED BRANDS	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	MICROSOFT	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	UNITED PARCEL SERVICE	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	WYETH	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	GENWORTH VARIABLE ANNUITY PLUS	\$15,001 - 50,000	DIVIDENDS	\$1,001 - 2,500	P
SP	ALCATEL LUCENT ADS (IRA)	\$1 - 1,000		NONE	
SP	AMERICAN MOVIL SA DE CV (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	PFIZER INC. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	STRYKER CORP. (IRA)	\$15,001 - 50,000	DIVIDENDS	\$201 - 1,000	
SP	TELEFONOS DE MEXICO (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	TELMEX INTERNACIONAL (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	P
SP	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
SP	MFS SERIES TRUST II - GROWTH FD (IRA)	\$1,001 - 15,000		NONE	
	AT&T (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	ABBOTT LABS (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	AMERICAN MOVIL SA DE CV (IRA)	\$15,001 - 50,000	DIVIDENDS	\$1 - 200	
	CIGNA CORP. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	CITADEL BROADCASTING CORP (IRA)	\$1 - 1,000		NONE	
	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 TREAS INFLATION PROT SECS (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	MEDCO HEALTH SOLUTIONS (IRA)	\$1,001 - 15,000		NONE	
	MERCK AND CO. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	MICROSOFT CORP. (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1 - 200	
	NOKIA (IRA)	\$1 - 1,000	DIVIDENDS	\$1 - 200	
	PENN WEST ENERGY TRUST f/k/a Petrofund (IRA)	\$1,001 - 15,000	DIVIDENDS	\$1,001 - 2,500	

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 exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SEE ATTACHED PAGE: 3A				

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, TX	\$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 \$335 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
THE COMMONWEALTH FUND	JAN 10-12	DALLAS/FT WORTH- PHILADELPHIA, PA- DALLAS/FT WORTH	Y	Y	N	NONE
THE HERITAGE FOUNDATION	JAN 30-31	DC-BALTIMORE, MD-DC	Y	Y	N	NONE
NATIONAL OSTEOPOROSIS FOUNDATION	MAY 16-18	DALLAS/FT WORTH-NYC- DALLAS/FT WORTH	Y	Y	Y	1 DAY
CENTER FOR HEALTH TRANSFORMATION	JUNE 14- 16	DALLAS/FT WORTH- SEATTLE, WA-DALLAS/FT WORTH	Y	Y	Y	2 DAYS

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