LEGISLATIVE RESOURCE CENTER

UNITED STATES HOUSE OF REPRESENTAT		FORMA	2006 MAY 15 PM 3: 58
FINANCIAL DISCLOSURE STATEMENT FOR CA	LENDAR YEAR 2005	For use by Members, officers, and employe	U.S. HOUSE OF REPRESENTATIVES
	(Full Name)		HAND DELIVERED
2063 NORTH RAINTREE ROAD,	(MelingAddress)	B6004 (202) 225-2315 Daydee Yelephons:	(Office Use Only)
Status X House of Representatives District:	AZ Officer Employ		A \$200 penalty shall be assessed
Report X Innual (May 15)	Amendment	Termination Date:	against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSW			
Did you or your spouse have "earned" income (e.g., salaries of fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule i.	Yes No X	VI. Did you, your spouse, or a dependent reportable gift in the reporting period (i.e., than \$305 and not otherwise exempt)? If yes, complete and attach Schedule V	child:receive any aggregating more Yes No X
II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes No X	VII. Did you, your spouse, or a dependen reportable traval or reimbursements for in period (worth more than \$305 from one so if yes, complete and attach Schedule V	at child receive any avel in the reporting Yes No X
III. Did you, your spouse, or a dependent child receive "unearne 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 Schedute III.	d" Yes X No	VIII. Did you hold any reportable positions date of aling in the current calendar year? If yea, complete and attach Schedule V	s on or before the
IV. Did you, your spouse, or dependent child purchase, seti, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes X No	(X, Did you have any reportable agreeme with an outside unity? If yes, complete and attach Schodule IX	Van No Y
V. Did you, your spouse, or a dependent child have any reported liability (more than \$10,080) during the reporting period? If yes, complete and attach Schedule V.	Yes X No	Each question in this pa appropriate schedule atta	art:must be answered and the ached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFO	RMATION — ANSWER <u>EAC</u>	H OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved be disclosed. Have you excluded from this report details of such	by the Committee on Standard a trust benefiting you, your s	is of Official Conduct and certain other "exce pouse, or dependent child?	pled trusts" need not Yes No
EXEMPTION—Have you excluded from this report any other as meet all three tests for exemption?			ent child because they Yes No
CERTIFICATION — THIS DOCUMENT M	UST BE SIGNED I	BY THE REPORTING INDIVI	DUAL AND DATED
This Financial Disclosure Statement is required by the upon written application and will be reviewed by the Conor who knowingly and willfully fails to file this report many	Ethics in Government Ac	of 1978, as amended. The Statement	will be available to any requesting person
Coreticelen	Personal of Recording Michigal	P	Date Meath, 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.	XX	7.19	5/15/06
ught to you by OpenSecrets.org			

Page 1_ of 1_

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Asset and/or Income Source				Value of Asset						l	Туре				Amount of Income							Transaction												
exception period in corporate property full of corporate province	aduation of seding \$1,00 me which gamed (b) me which gamed inco erty or land names of a selectified informant that excited or retirement of the control of t	inco inco sny sny ma in pri iny iny in stilo cent cent sit sit	me with t the ex color; rated r during t during t mutual cone wit e spec n on e is the r t an that i	eld for invest a fair marke nd of the rep nesset or sou nore than \$; the year. For n address, P funds. For n nere you have all investm sporting thre sporting thre sporting the sporting the sporting the	t value porling proc of 200 in rental revide a self- ve the pents), in the secie, for an rected		oti ple inc	you her ease an clud	tha spo as as ed s	ie a an i ecify set inly i	air the wa	ng ye Iluai Ina Ina Is s ause shou	llon rke hod old it g	t vi use an ene	elue d. d i rate	≥, is		Lea gen	ck a ve l erat	blani	olum k if ny ir	ans ass ncol	e that apply. set did not me during	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 received.				(P), sold (S), or						
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there by you child, \$5,00 any full.S. (if you asset) (BP)	o la mental ir our spouse, , pacant, or Bû er less i financial Inte Government u so choot t or income or depandi	icom siblin pe in	ne); any by you: ling; any exconal in or in excent p rou mar roe is li hild (Di	aidence(s) (or debt owed) (or or your spiny deposite to savings account deliver mograms. y indicate the savings are to your second of your second on the factor on the factor or the fa	to you ouse's ouse's ounis; ounis; of from ouse ouse ouse ouse ouse ouse ouse ouse	None	\$1-\$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	4000,001 = \$1,000,000	\$5.000.001 — \$25.000.000	\$25,000,001 - \$50,000,000	Over \$50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS.	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of income (Specify: For Example, Patrieratip income or Parm income)	None	\$1-5200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501-\$5,000	\$5,001 - \$15,000	\$15,001 — \$50,000	\$50,001 - \$100,000	\$100,001 ~ \$1,000,000	\$1,000,001 - \$5,000,000 Over \$5,000,000	P. S. E
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For additional assets and unearned income, use next page.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,			Type Date						Amount of Transaction							
stocks, bonds, commodities futures, or other securities when the amount of the transaction 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.		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	\$1,001- \$15,000	\$15,001- C	\$100,001	\$100,001- \$250,000 m	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,0001~ \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001-	S50,000,000 ★	
SP, DC, JT	Asset			1				1								
SP	Example: Maga Corporation Common Stock	×		4. :-	10-12-05		X									
	Renzi Vino, Inc., including 12 Los Encinos, Sonoita, AZ		х		05/19/05			•			х					
	real estate															
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	573 North Lower Elgin Road Elgin, AZ															
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SCHEDULE V - LIABILITIES

Page 2 1 of 1 Name RICHARD G. RENZI

Report flabilities 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 it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or shiling of you or your spouse. Report revolving charge accounts only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP. DC, JT		Creditor	Type of Liability	\$10,001- B	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- **	\$500,001- \$1,000,000 ©	\$1,000,001- \$5,000,000	\$25,000,001	\$25,000,001~ \$50,000,000	550,000,000 ×
	Example:	First Bank of Witnington, Dalaware	Morigage on 123 Main St., Dover, Del.				×						
JŦ	Washi	ngton Mutual Bank	Mortgage on 2063 Raintr Road, Flagstaff, AZ	ee ·		,	х						
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SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
		'	



Name	RICHARD G.	RENZI	Page 1 of 1

SCHEDULE VIII - POSITIONS

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 other 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
Director	Goodwill Industries, Flagstaff, AZ
Director	ChildHelp USA, Phoenix, AZ

SCHEDULE DX - AGREEMENTS

identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deterral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agraement
	•	

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAI	For use by Members, officers, and	HAND DELIVERE
RICHARD G. RENZI	FAR AUUS	LEGISLATIVE RESOURCE CENTER
(Full Name		
2063 NORTH RAINTREE ROAD, FLAGS		OFFICE OF THE CLERK
Sites The track it of the lates A.		U.S. TOUSE OF REPRESENTATIVES (Office Use Only)
Filer Status X Member of the U.S. State: AZ House of Representatives District: 1	Officer or Employing Office:	A \$200 penalty shall be assessed against anyone who files more than
Report Type X Annual (May 15) Amendmen	i Termination Termination	30 days late.
PRELIMINARY INFORMATION — ANSWER <u>EA</u>	CH OF THESE QUESTIONS	
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 types, complete and attach Schedule I.	No X VI. Oid you, your spouse, or a day reportable gift in the reporting pendinan \$305 and not otherwise exemiting yes, complete and attach School	od (i.e., accreoaling mole
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.	No X VII. Did you, your spouse, or a de reportable travel or reimbursemen period (worth more than \$305 from if yes, complete and attach School	ts for travel in the reporting
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.	Vill. Did you hold any reportable p	ositions on or before the
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.	X No IX. Did you have any reportable a with an outside entity? If yes, complete and attach Scho	Voel Noly[]
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes complete and attach Schedule V.	Each question in to appropriate schedul	his part must be answered and the e attached for each "Yes" response.
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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Combe disclosed. Have you excluded from this report details of such a trust be	militee on Standards of Official Conduct and certain othe nefiting you, your spouse, or dependent child?	er 'excepted trusts" need not Yes No X
EXEMPTION—Have you excluded from this report any other assets, "uner meet all three tests for exemption?	med" income, transactions, or Heblijies of a spouse or	dependent child because they Yes No X
CERTIFICATION — THIS DOCUMENT MUST B	E SIGNED BY THE REPORTING IN	IDIVIDUAL AND DATED
This Financial Disclosure Statement is required by the Ethics in upon written application and will be reviewed by the Committee or who knowingly and willfully faits to file this report may be su	Government Act of 1978, as amended. The State	tement will be available to any requesting person
	of Regulting Historia, his	Gata (Moosile, Day, Year)
and all attached schedules are true, complete and	1 //- /-	5/15/06
conect to the best of my knowledge and belief.	1007.11	