UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2008 - November 15, 2009

FORM B
For use by candidates and new employees

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LEGISLATIVE RESOURCE CENTER
2009 DEC -2 PM 1:55
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Name: Billy Dale Maske

Daytime Telephone: 641-202-3322

Filer Status				Check if Amendment
	[X] Candidate for the House of Representatives	State: Iowa District: 4	Date of Election: JUN 2010 Nov 2010	[ ]
	[ ] New officer or employee	Employing Office:		

A *$200 penalty* shall be assessed against anybody who files more than 30 days late.

In all sections, please type or print clearly in black ink.

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 [X]	No [ ]	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
II. 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 II.**	Yes [X]	No [ ]	V. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
III. 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 III.**	Yes [X]	No [ ]	VI. Did you receive compensation of more than $5,000 from a single source in the two prior years? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]

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 a dependent child? (See Instructions, page 8.)	Yes [ ]	No [X]
EXEMPTION—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 [ ]	No [X]

Name Billy Dale Maske

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $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. See examples below.
Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source (include date of receipt for honoraria)	Type	Amount: Current Year to Filing	Amount: Preceding Year
Examples:	XYZ Corporation, Houston, Texas	Salary	$6,300	$28,450
	First Bank & Trust, Houston, Texas	Director's Fee	$400	$3,200
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
	Interstate 35 Community School, Truro, IA	Salary	89,585.30	103,177.54
	Southwestern Community College, Creston, IA	Spouse Salary	N/A	N/A
	Interstate 35 Community School, Truro, IA	Spouse Fee	N/A	N/A

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SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Name Billy Dale Maske

BLOCK A — Asset and/or Income Source

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 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.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

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.

BLOCK B — Value of Asset

Indicate value of asset 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 during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

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 calendar year.

BLOCK D — Amount of Income

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.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Current Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Preceding Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
SP	SP Mega Corp. Stock					X								X										X										X								
DC, Examples:	Simon & Schuster			Indefinite																Royalties					X										X							
JT	1st Bank of Paducah, KY accounts						X									X									X										X							
JT	164 Lake Shore Dr., Nashua, IA						X									X										X										X						
JT	211 Luick Ln. S., Belmond, IA						X									X									X										X						
JT	Union State Bank				X												X					X												X								
	Roth IRA / Security Benefit			X											X						X											X										
SP	Roth IRA / Security Benefit			X											X						X											X										
	IPERS						X							X							X											X										

For additional assets and unearned income, use next page.

SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Billy Dale Maske

SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income, Current Year: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Preceding Year: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
	403B / Security Benefit																																									
	- Calamos Growth			X											X							X											X									
	- Dreyfus Midcap Value			X											X							X											X									
	- Janus Overseas			X											X							X											X									
	- Royce Value			X											X							X											X									
	- Rydex SGI Midcap Value			X											X							X											X									
	- Wells Fargo Adv. Sm. Cap Value			X											X							X											X									
SP	- Calamos Growth			X											X							X											X									
SP	- Dreyfus Midcap Value			X											X							X											X									
SP	- Janus Overseas			X											X							X											X									
SP	- Royce Value			X											X							X											X									
SP	- Rydex SGI Midcap Value			X											X							X											X									
SP	- Wells Fargo Adv. Sm. Cap Value			X											X							X											X									
SP	IPERS						X							X							X											X									

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Name Billy Dale Maske

SCHEDULE III — LIABILITIES

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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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 previous calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001—$15,000	C $15,001—$50,000	D $50,001—$100,000	E $100,001—$250,000	F $250,001—$500,000	G $500,001—$1,000,000	H $1,000,001—$5,000,000	I $5,000,001—$25,000,000	J $25,000,001—$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X						
JT	U.S. Bank, Humboldt, IA	Home Equity Loan on 164 Lakeshore Dr. Nashua, IA		X								
JT	Chase, Columbus, OH	mortgage on 211 Luick Ln. S., Belmond, IA				X						

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years 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 listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization

Use additional sheets if more space is required.

Name Billy Dale Maske

SCHEDULE V—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 deferral 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 Agreement
8/77	IPERS and Bill Maske	Continued participation in a defined benefit retirement plan.

SCHEDULE VI—COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than $5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services