Yes No 🔀		ssactions, or liabilities of a spouse or dependent chilq with the Committee on Standards of Official Conduct	f" income, tran rst consulted v	<b>EXEMPTION—</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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
Yes No X		s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	on standards	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
red and the s" response.	must be answe	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S □	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 No X		IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No No	IV. Did you, your spouse, or a 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 No		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.	N <sub>O</sub>	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 X No	<u>,</u>	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.	₹ ×	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 No X		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.	S <sub>S</sub>	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  Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIO
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty sagainst anyone w 30 days late.	ee	Officer or Employee	Filer Status Member of the U.S. State: Which is Amendment Type Annual (May 15)
	2009 MAY 15 PM 1: 07	Daytime Telephone:(عومر) عوج کرج ا	Daytime	Name: Cynthia M. Lummis
VERED ≥C	HAND DELVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Name Cynthia M. Lummis

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## SCHEDULE I—EARNED INCOME

COUNTRY RESOURCE CENTER

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Gopanneth 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 source with \$200 or list the source earned income exceeding \$1,000. See examples below.

Source Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civi) War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Lummis Livestock Co., LLC Cheyenne, WY	Member distribution	48,600
Alvin Wiederspahn, J.D., P.C. Chevenne, Wy	Spause Salary	48,000

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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

		į	
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2008	\$500
- none -			
			7

Asset and/or income Source

Block A. For additional information, see instruction booklet. of its activities, and its geographic location traded, state the name of the business, the nature provide the value and income information on names of stocks and mutual funds (do not use land, provide a complete address. Provide full which generated more than \$200 in "unearned" exceeding \$1,000 at the end of the reporting periduction of income with a fair market value period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement income during the year. For rental property or od, and (b) any other asset or sources of income Identify (a) each asset held for investment or pro-

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

dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) If you so choose, you may indicate that an asset optional column on the far left. 9

None

\$1 - \$1,000

\$1,001 -- \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 -- \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 <u>- \$50,00</u>0,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold portion of an If only a

(S) (partial)

Other Type of Income

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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CAPITAL GAINS

DC, Examples.

Simon & Schuster Mega Corp. Stock

Indefinite

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×

×

Royalties

×

(partial)

1st Bank of Paducah, KY Accounts

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BLOCK B

### Value of Asset

please specify the method used. method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it generated income, the value should be None." If an asset was sold during the reporting

ate any income during calendar year

Type of Income

### retirement plans or accounts that do Check all columns that apply. For all other assets including all IRAs, investments, you may write "NA." For ing the appropriate box below. not allow you to choose specific indicate the type of income by check-

vested, should be listed as income. Check "None" if asset did not gener-Dividends and interest, even if reinor generated. indicate the category of income by

### BLOCK C

Check "None" if no income was earned vested, should be listed as income. Dividends and interest, even if reinchecking the appropriate box below. For all other assets, including all IRAs, ments, you may write "NA" for income. not allow you to choose specific invest-For retirement plans or accounts that do

### Amount of Income BLOCK D

exchanges (E) \$1000 in exceeding sales (S), or purchases (P) asset had Indicate if the Transaction reporting year BLOCK E

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additional assets and unearned income, use r
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Dynamic Materiats

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Wheatland, Wyo.

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Deferred Comp.

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Stock

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JT)

Partial

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PS C

Cheyenne

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Old Horse Pasture Inc.

Cheyenne, Wyo.

Cheyenne j Wyo.

Aps Hammond Howelware Co

Lummis Livestock Co, LLC

Cheyenne, Wyo

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cyrthia M. Lummis

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Cynthic M. Lunnis

Page 1 of

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	BLOCK A Asset and/or Income Source
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JT DC,	
(S)	Vodaphone Group
SP	17
( )	Glabal Scoop
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This page may be copied if more space is required.

# SCHEDULE IV— TRANSACTIONS

Name Cyrothia M. Lummis

This man may be social if man space is required										T .	SP Under Armour Inc	SP Chicago Mercontile Holdings	JT Old Horse Roshure, Inc.	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	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.	stocks, bonds, commodities tutures, 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	
			:													PURCHASI	Ē	of T
											×	×		×		SALE		Type of Transaction
ı											_		×			EXCHANG	<b>.</b>	ction
											2008	2008	approx.	10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or	Date
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### SCHEDULE V— LIABILITIES

Name ynthic M. Luninis

Page 9 //

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 it is rented out); 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

7	<del>-</del> T-	<del></del>	-
4-	}	JT DC,	
JT Pinnacle Bank, Torrington, WY	Example: First Bank of Wilmington, Delaware	Creditor	
Mortgage on Ranchy haramic G	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
		\$10,001- pp \$15,000	
		\$15,001- \$50,000	Ì
		\$50,001- <b>©</b> \$100,000	
×	×	\$100,001- \$250,000 m	Amo
		\$250,001 \$500,000	unt of
		\$500,001 \$1,000,000	Amount of Liability
×		\$1,000,001- \$5,000,000 <b>=</b>	₹
		\$5,000,001- \$25,000,000	
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### SCHEDULE VI — GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. 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 Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

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)	\$345
none		

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were 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.

		Į.				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		2	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
N/A						
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### SCHEDULE VIII—POSITIONS

Name Cynthia M. Lunimis

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

	Officer) director	Position
	Arp + Hammand Hardware Ca, Cheyenne, Mya, a for profit MY corp	Name of Organization

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

				Date	
	report	8457 plan appears on another s	None (note my continued part cipation	Parties To	
		that schedule in this	cipation in Wyomina's	Terms of Agreement	