Yes No X	child because	sactions, or liabilities of a spouse or dependent child because	d" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No X	trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	e on standards ng you, your s	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?
JESTIONS	F THESE QL	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
vered and the Yes" response.	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X
Yes X No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	□ 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 X No	or before the date	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.	S _S	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	d receive any n the reporting a)?	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.	S S	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	receive any regating more	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.	No X	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 If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty shall be against anyone who files 30 days late.	e Employing Office: Termination Date: 1-3-09	Officer or Employee	Filer X Member of the U.S. State: OH Status House of Representatives District: 15 th Report Type Annual (May 15) Amendment
Office Use Only)	(Office	(Daytime Telephone)		(Full Name)
	**************************************	614-442-5919		Deborah D. Pryce
				200
5. 		Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 200 FINANCIAL DISCLOSURE STATEMENT For The Calendar Year Reporting Period

Name
Deborah
D.
Pryce

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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.

Source	Activity	Date	Amount
Association of American Associations, Washington DC		Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
JAD Institute	Speech	Apr. 22, 2008	\$100
JAD Institute	Speech	Oct. 20, 2008	\$250
			·

Rederal Thrift Plan Northwestern Mutual Life	ed Capit	JP Morgan Chase (2542 sh @ \$30.45)	AmTrust Bank	Congressional Federal Credit Union	JT 1st Bank of Paducah, KY Accounts	Examples:	SP. Sp. Mega Corp. Stock	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 spouses, 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.	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).	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.	Asset and/or Income Source	BLOCK A
X	4 X	×	X	X	×	Indefinite	×	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 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	Value of Asset	BLOCK B
X	4 ×	×	X		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	ing 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.	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 <i>including</i> all <i>IRAs</i> ,	Type of Income	BLOCK C
X	× ×	X	×	×	×	×	×	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 ≅ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	s and interest, even it should be listed as in one" if no income was rec	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income the category of income.	Amount of Income	BLOCK D
Į.	1			P			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	exchanges (E) exceeding \$1000 in reporting year.	asset had purchases (P), sales (S), or	Iransaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Ξ 8 SP, College Advantage Savings 601 Asset and/or Income Source Pennsylvania Ave MN 20 ➣ None Œ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset т \$50,001 - \$100,000 Year-End BLOCK B T \$100,001 - \$250,000 <u>ت</u> × \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 × NONE × **DIVIDENDS** RENT × INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Name Other Type of Income (Specify) Deborah D. × None \$1 - \$200 Amount of Income \$201 - \$1,000 Pryce \$1,001 - \$2,500 BLOCK D \$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 Page 4 Transaction BLOCK E ס ת ח **of** 8

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SCHEDULE IV— TRANSACTIONS

Name Deborah D. Pryce

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Report adepende stocks, I amount that resultansacti	residenc sold, ple	SP, DC, JT												 			
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.	Asset Example: Mega Coporation Common Stock (partial sale)		Federal Thrift Savings Plan													
HASE OF T	PURC			×			The state of the s										
Type of Transaction	SALE	×															
ANGE TO	EXCH		×														
Date (MO/DAY/YR) or Quarterly, Monthly, or	Bi-weekly, if applicable	10-12-07	Jan 2008	.	A Second												
Φ	\$1,001- \$15,000														-		
C	\$15,001 \$50,000	×	×	×													
Am Am	\$50,001 \$100,00					;											
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	\$25,000 \$50,000	_															
200 🛪	Over \$50,000			İ			1	1		1	-	1	1	1	1	1	

SCHEDULE V— LIABILITIES

Name Deborah D. Pryce

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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 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

—-	DC, JT						
	. ري ⊢ 		<u>.</u>				
	Creditor	Example: First Bank of Wilmington, Delaware	Homecomings Financial (Bank of America)				
	Type of Liability	Mortgage on 123 Main St., Dover, Del.) Mtg. on Pennsylvania Ave.				
•	\$1,001- \$15,000						
C	\$15,001- \$50,000						
	\$50,001- \$100,000						
, m	\$100,001- \$250,000	×					
π	\$250,001- \$500,000		×				
00 P	\$500,001- \$1,000,000						
01- x	\$1,000,001 \$5,000,000						
000	\$5,000,001 \$25,000,00						
000	\$25,000,00 \$50,000,00						
	Over		1	i	1	1	

SCHEDULE VI— GIFTS

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. 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.

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

Т						
	Example:	N	į			
]	Example: Mr. Joseph H. Smith, Anytown, Anystate	None				
Source	h H. Smith			}		
"	, Anytown			ļ		
	Anystate					
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	Silver Platter (determination on personal friendship received from Committee on Standards)		,		l	
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Val	\$325				!	
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Name
Deborah
D.
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and relimbursed by the sponsor. 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 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 \$305 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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

Korn/Ferry Examples: International Mgt & Chicago Chamber of Commerce Roycroft Corporation International Dev Institute May 25-31 Feb Aug. 6-11 Date(s) Mar. 2 19-20 Cols OH - Oslo & Svalbard Norway and Oslo & Svalbard Cols OH - Louisville Norway - Cols OH Louisville KT -City of Departure—Destination—
City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Cols OH ΚY Lodging? (Y/N zĸ \prec z Food? (Y/N Z K 4 z < Member Included? Was a Family 3 Z zz ~ \prec at sponsor's expense Number of days not 2 Days None None None None None

SCHEDULE VIII—POSITIONS

Name Deborah D. Pryce

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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; and positions solely of an honorary nature.

Position	Name of Organization
Board Member	Trustee of the National Fund for the US Botannical Gardens
Board Member	Kennedy Center
Board of Advisors	Cornerstone Community School
Founder	Hope Street Kids

SCHEDULE IX—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.