Yes No 🗸	ncome, transactions, or liabilities of a spouse or dependent child	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?
Yes No 🗸	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?	Trusts- Details regarding "Qualified Blind Trusts" approved by the Comr trusts" need not be disclosed. Have you excluded from this repc child?
SNOI	MATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
nd the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period? Yes V No
	If yes, complete and attach Schedule IX.	if yes, complete and attach Schedule IV.
Yes No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
n the Yes 💟 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	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 Yes V No
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
305 Yes V No	Did you, your spouse, or a dependent child receive any reportable travel or VIII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	II. paying you for a speech, appearance, or article in the reporting period? Yes . No 🔊
	if yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
ise Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes V No
	QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	lermination Date:	Type Annual (May 15) Amendment Termination
anyone who files)
A \$200 penalty shall be assessed against	Officer Or Employing Office: A 9 Employee be	Filer Member of the U.S. State: NC House of Representative District: 02
Office Use Only)	(Daytime Telephone)	(Full Name)
2009/12/14 AM 9:44	202-225-4531	Bob Etheridge
TOTAL STATE OF THE		
HANDUELIVERED	FORM A Page 1 of 10 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		

SCHEDULE 1 - EARNED INCOME

Name Bob Etheridge Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Туре	Amount
State of North Carolina	State/Legislative Pension	\$11,000
Harnett Board Of Education	Spouse Retirement	NA

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M Name Bob Etheridge Page 3 of 10

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		Asset ar identify (a) each ass fair market value ex (b) any other assets \$200 in "unearned" provide a complete funds (do not use it (such as 401(k) plan the power, even if n provide the value and that exceeds the rejected, name end of the reporting traded, state the nan geographic location instruction booklet. Exclude: Your persident oved to you bit parent or sibling; an accounts; any finant accounts; any finant Government retirem If you so choose, you of your spouse (SP) optional column on	ΤĽ	JΓ	JT	JT	JT	JT
	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 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. Exclude: Your personal residence(s) (unless there is rental income); any deposits totaling \$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.	1108 Mamers-Summerville Rd., Lillington, NC	Cameron Intn Corp	Coca Cola	Cornerstone Bank	Dean Witter Money Market Trust	Farm, McArthur Road, Broadway NC
Name Bob Etheridge	В СОСК В	Year-End 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 and is included only because it is generated income, the value should be "None."	\$15,001 - \$50,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$250,001 - \$500,000
ridge	BLOCK C	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	Rent	None	None	None	None	Rent
	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, 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 earned.	\$2,501 - \$5,000	NONE	NONE	NONE	NONE	\$2,501 - \$5,000
Page 3 of 10	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.						

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Bob Etheridge	ridge		Page 4 of 10
77	General Electric	\$1,001 - \$15,000	Dividends	\$1 - \$200	
JT	Intel Corporation	\$1,001 - \$15,000	Dividends	\$1 - \$200	
	IRA (B.B.&T)	\$1,001 - \$15,000	None	NONE	ס
	IRA (B.B.&T)	\$1,001 - \$15,000	None	NONE	P
	IRA (Bank of America)	\$1,001 - \$15,000	None	NONE	ס
	IRA (Bank of New York)	\$1,001 - \$15,000	None	NONE	
	IRA (CitiGroup Inc)	\$1,001 - \$15,000	None	NONE	
SP	IRA (CitiGroup Inc)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Citizens Commonwealth)	\$1,001 - \$15,000	None	NONE	
	IRA (Coho Energy Stock)	\$1 - \$1,000	None	NONE	
SP	IRA (Dow Chemical)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Duke Energy)	\$1,001 - \$15,000	None	NONE	
	IRA (Honeywell International)	\$1,001 - \$15,000	None	NONE	
	IRA (Ishares D&P Europe Fund)	\$1,001 - \$15,000	None	NONE	

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NEARNED" INCOM

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Bob Etheridge	ridge		Page 5 of 10
SP	IRA (Ishares MSCIEAFE Fund)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Ishares MSCIEAPE Fund)	\$1,001 - \$15,000	None	NONE	
	IRA (Ishares S&P Europe)	\$1,001 - \$15,000	None	NONE	
	IRA (Ishares Trust Lehman)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Ishares Trust Lehman)	\$1,001 - \$15,000	None	NONE	ט
	IRA (Morgan Stanley Dean Witter)	None	None	NONE	S
	IRA (NYSE Euronext)	\$1,001 - \$15,000	None	NONE	
	IRA (Progress Energy)	\$1,001 - \$15,000	None	NONE	
	IRA (RBC Centura)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Schulumberger Ltd)	None	None	NONE	S
	IRA (Scotiabank DECD)	\$1,001 - \$15,000	None	NONE	
SP	IRA (ScotiaBank DECD)	\$1,001 - \$15,000	None	NONE	
	IRA (ScotiaBank DEPR)	\$1,001 - \$15,000	None	NONE	
SP	IRA (Tendris)	\$1,001 - \$15,000	None	NONE	יס

SCHEDULE III - ASSETS AND "UNEARNED" INCOME \exists T Ţ SP Ľ Oppenheimer Equity Income fund NC State deferred compensation (401K) **RBC Centura Bank** Pfizer, Inc. **New Century Bank** New Century Bank compensation (401K) NC State deferred Microsoft Ishares MSCIEAPE Fund \$15,001 -\$50,000 \$15,001 -\$50,000 \$100,001 -\$250,000 None \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 None \$1,001 - \$15,000 None Name Bob Etheridge None Dividends Dividends None \$1 - \$200 None \$1 - \$200 Page 6 of 10

SCHEDULE IV - TRANSACTIONS

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 or series of transactions 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. Provide a brief Name Bob Etheridge Page 7 of 10

נומווסמכוו	manaachon beimeen jou, jour apouse, or jour depondent cinnu, or me purchase or	Cliase Of sale of your police		
SP, DC,		Type of		
JT	Asset	Transaction	Date	Amount of Transaction
	IRA (Morgan Stanley Dean Witter)	S	9-24-07	\$1,001 - \$15,000
SP	IRA (Schulumberger Ltd)	S	9-19-07	\$1,001 - \$15,000
	IRA (Bank of America)	ס	9-24-07	\$1,001 - \$15,000
	IRA (B.B.&T)	ס	12-12-07	\$1,001 - \$15,000
	IRA (B.B.&T)	Р	12-12-07	\$1,001 - \$15,000
SP	IRA (Tendris)	ס	9-19-07	\$1,001 - \$15,000
SP	IRA (Ishares Trust Lehman)	ס	12-12-07	\$1,001 - \$15,000
SP	IRA (Schulumberger Ltd)	S	9-19-07	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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 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, Name Bob Etheridge Page 8 of 10

Creditor	Type of Liability	Amount of Liability
Farm Credit	Mortgage on McArthur Road,	\$100,001 - \$140,000
	Broadway, NC	5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	Creditor	Mortgage or Broadway, f

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bob Etheridge

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you,

< < <	Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging?	Food? (Y/N)	Was a Family Ig? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
erica Sept 22-23 Lillington, NC - White Sulphur Y N N Springs, WV - Lillington, NC May 27 - Raleigh, NC - Miami, FL - Y N Havana, Cuba - Miami, FL - Y N	Aspen Institute	Feb 20-25	Raleigh, NC - San Juan, PR - Raleigh	Υ	~	~	None
mocracy in May 27 - Raleigh, NC - Miami, FL - Y Y N June 1 Havana, Cuba - Miami, FL -	Crop Life America	Sept 22-23	Lillington, NC - White Sulphur Springs, WV - Lillington, NC	~	Z	Z	None
Raleigh, NC	Center for Democracy in the Americas	May 27 - June 1	Raleigh, NC - Miami, FL - Havana, Cuba - Miami, FL - Raleigh, NC	Υ	~	Z	None

SCHEDULE VIII - POSITIONS

Name Bob Etheridge

Page 10 of 10

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
Advisory Board Member	Ochoneeche Boy Scout Council
Honorary Board Member	General Hugh Shelton Scholarship Endowment
Advisory Board Member	North Carolina Heroes Fund