<u>₹</u>	child because Yes	sactions, or liabilities of a spouse or dependent	l" income, tran	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?
No No	trusts" need not Yes	s of Official Conduct and certain other "excepted pouse, or dependent child?	on standards	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?
TONS	FTHESE QUEST	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	must be answered ed for each "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N N	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes If yes, complete and attach Schedule V.
S S	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	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.
	or before the date Yes	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 N	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.
s S	I receive any nother reporting Yes	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.	No C	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.
s S	receive any regating more Yes	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.	S D	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 If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
nes more man	against anyone who hes more than 30 days late.	Termination Date:		ĺ
be assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Status Member of the U.S. State: LA Status House of Representatives District: US
THE RELEASE MO	S. H. (Office Use Only) 7. TIVES	(Daytime Telephone)		(Full Name)
	2000 MAY 14 PM 3: 00	202-225-8490		Rep. Radny M. Alexander.
RSECENTER	LINISLATIVE RESOURCE CENTER		(
		Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
				UNITED STATES HOUSE OF REPRESENTATIVES

J	Name
1	X
ı	lex
ı	Q
ı	M
١	U
	١

L	
I	Page
I	
I	- of
ı	

SCHEDULE I -- EARNED INCOME

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.

Exclude: Military pay (such as National Guard of Reserve pay), lederal retirefit programs, and belief	penenta received ander the modern commy rest	
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
<u> </u>	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Theachers Putinument byestern, State of Louisianna	spower petiennent	37

For payments to charity in lieu of honoraria, use Schedule II.

I	Name	
	X	
	r de	
	<i>L</i> =	
	Page .	

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	Speech	Feb. 2, 2007	\$2,000
XYZ Magazine	Article	Aug. 13, 2007	\$500
		-	

JT Ut Captol Fudueal Count Union	IT Jonesbooks block Bank	STAXCO LIBERT AND FINANCIALD	JT Amenda 040 one propuety	1st	Examples:	SP, SP Mega Corp. Stock	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 sibing; 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.	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	and, 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"	Asset and/or Income Source	BLOCK A
		palso indefinite	undelinite	×	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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H I J K L	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	вгоск в
		payathes	poyatties	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Inc	come)	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.	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 all IRAs</i> ,	Type of Income	BLOCK C
				×	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		Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.	nent you you her ag	Amount of Income	BLOCK D
						S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an	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)

Name Alexander

Page t of

																l				JT C, SP,	_
																					BLOCK A Asset and/or Income Source
Г		-										•			-					None >	
																				\$1 \$1,000 [©]	
																				\$1,001 ~ \$15,000	
	,																	_		\$15,001 – \$50,000	<
																	 			\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
							-													\$100,001 - \$250,000	BLOCK B Year-End ue of As
													_				 			\$250,001 – \$500,000 D	
						Ι_													H	\$500,001 - \$1,000,000 [±]	B nd
				_		_											-			\$1,000,001 - \$5,000,000	set
																				\$5,000,001 - \$25,000,000 -	
						_								<u> </u>						\$25,000,001 - \$50,000,000	
		_			-	-														Over \$50,000,000	
							}													NONE	-
			-		-		_	_							-		 			DIVIDENDS	
-	-	-	 -			├─					1									RENT	
-		_					ļ	_												INTEREST	
								L	_								 			CAPITAL GAINS	BLOCK Type of Inco
 		ļ <u>.</u>											_				 		Н	EXCEPTED/BLIND TRUST	BLOCK (Type f Incor
_													-	-		 	 		\vdash	EXCEPTED/BLIND THOST	<c e ome</c
																				Other Type of Income (Specify)	ē
<u>L</u>												i								None	
			<u> </u>					L								ļ			L.,	\$1 \$200 =	
L			<u> </u>		<u> </u>									<u> </u>		<u> </u>				\$201 – \$1,000 =	BLOCK D Amount of Income
L			<u></u>			<u> </u>		L_		L				L_	<u> </u>					\$1,001 - \$2,500	0
			<u> </u>		<u> </u>								<u> </u>			<u> </u>				\$2,501 - \$5,000 <	1 E
		<u> </u>																		\$5,001 − \$15,000 ≤	BLOCK D
																				\$15,001 - \$50,000 <u>≤</u>	<u>ק</u>
														<u> </u>						\$15,001 - \$50,000 \(\leq \) \$50,001 - \$100,000 \(\leq \) \$100,001 - \$1,000,000 \(\text{\tinit}\\ \text{\texi\tin\text{\texi{\text{\texi\texi{\texi\texi{\texi\text{\texi\tin\tint{\texi}\tex{	ğ
																					ne
					<u> </u>						<u> </u>		<u> </u>	<u> </u>	<u> </u>					\$1,000,001 - \$5,000,000	
																				Over \$5,000,000	
																				மு. வ	BLOCK E Transaction

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name Alexander

Page 1 of

			 _						 	 _	_	72.			
											SP	SP, DC, JT	that res transaci or your residend sold, pi	stocks, amount	Report depende
											Example: Mega Coporation Common Stock (partial sale)	Asset	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.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
													PURCHASE		of Tra
	\					<u> </u>	1				×	i	SALE		Type of Transaction
	,												EXCHANGE		tion
											10-12-07		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
	_												\$1,001- \$15,000	80	
											×		\$15,001- \$50,000	ဂ	
				 									\$50,001- \$100,000	۵	Am
				 ļ		ļ. ———							\$100,001- \$250,000	m	Amount
							,	i		 , programa na			\$250,001- \$500,000	71	육
													\$500,001- \$1,000,000	മ	Transaction
					 								\$1,000,001- \$5,000,000	=	actio
						_			 				\$5,000,001- \$25,000,000	_	jš
										 			\$25,000,001- \$50,000,000 Over		
		_			<u> </u>]							\$50,000,000	~	

SCHEDULE V— LIABILITIES

Name Alexander

Page of

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

		Г	·		_ ··-	ŗ	_
SP,	٦, D,			i			
		Example:					
	Creditor	First Bank of Wilmington, Delaware					
	Type of Liability	Mortgage on 123 Main St., Dover, Del.					
Φ	\$1,001- \$15,000						
င	\$15,001- \$50,000						
	\$50,001- \$100,000						
E Amo∟	\$100,001- \$250,000	×					
Int of	\$250,001- \$500,000					ļ 	_
	\$500,001- \$1,000,000 \$1,000,001	_					ļ
<u>~</u>	\$5,000,000 \$5,000,001		<u> </u>				
000	\$25,000,00 \$25,000,00						
	\$50,000,00 Over	-					
100 ' `	\$50,000,00	<u>L</u>		<u> </u>	<u> </u>		L

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
papausuntative Boday	as the following to mythings not towning principles of the princip	4387.00

Name
\mathbb{Z}
7
8
2
FE.
1/
}
1

Pag
ē

1
Ļ
목

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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 or were paid by you and reimbursed by the sponsor.

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

62	7,4/	1	ريدندلار	1,,,,,,,	_	Number of days not
	D4(0(3)	City of Return	N/A)	(Y/N	Member Included? (Y/N)	at sponsor's expense
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
In Europe Dump age auto in	Way 27-	Oc-Miani - Hawara, Cuba	L	γ	7	1 she
the America's						
				_		

SCHEDULE VIII—POSITIONS

Name Alexander

Page ___of

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, 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; and positions solely of an honorary nature.

Position	Name of Organization
And Mulh bung	Food Bank of Central bouisiana

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

					•	
Date						
		!				
Pa						
Parties To		i .				
					ì	
-						
	· .					
Terms o		:	·			
Terms of Agreement		· .				
2						
		,				
				}		