No X	Yes	t child because	sactions, or liabilities of a spouse or dependent child because	g" income, trans	-Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities tree tests for exemption?	EXEMPTION—Have you excluded from they meet all three tests for exemption?
No ×	Yes	d trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	e on standards ng you, your sp	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?	TRUSTS—Details reg
S	JESTION	OF THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION O
the onse.	vered and Yes" respo	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	V. Did you, your spouse, or a dependent o liability (more than \$10,000) during the rep of yes, complete and attach Schedule V.
Z ₀	Yes	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.	IV. Did you, your spouse, or a dependent cor exchange any reportable asset in a tran \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No	Yes	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.		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.	III. Did you, your spouse, or a dependent c income of more than \$200 in the reporting reportable asset worth more than \$1,000 a if yes, complete and attach Schedule III.
No X	Yes	d receive any in the reporting e)?	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.	X Ø	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.	Il. Did any individual or organization make lieu of paying you for a speech, appearant reporting period? If yes, complete and attach Schedule II.
No	Yes	receive any gregating 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.	S S	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 X	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	— ANSWER EACH	PRELIMINARY INFORMATION
nore man	e wno ries n	against anyone who tiles more than 30 days late.	Termination Date:			Report Type
ssessea	y shall be a	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	Member of the U.S. State: NEW YORK House of Representatives District: 10	Filer Status X
Me	REPRESENTATIVES (Office Use Only)	Coffice Use Only)	202–225–5936 (Daytime Telephone)	5 5 9 9 9	TIVE EDOLPHUS TOWNS (Full Name)	REPRESENTATIVE
	PM 4: 53	2000 HAY 13 PH 4: 53				
	THE STATE OF THE S		Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period	2008 FINANCIAL For 2007 Calend

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Name EDOLPHUS TOWNS

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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.

SCHEDULE I—EARNED INCOME

The control of the co	to toograph and the operation	contry frot.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
lion	Spouse Salary	NA
INTERFAITH MEDICAL CENTER	SPOUSE SALARY	NA
TEACHERS RETIREMENT SYSTEM	SPOUSE PENSION	NA
MORNING STAR COMMUNITY CHRISTIAN CHURCH	APPROVED RELIGIOUS SERVICE	\$1000

Name	
EDOLPHUS	
TOWNS	
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SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. 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 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

	Brace and c.		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	1	Feb. 2, 2007	\$2,000
XYZ Magazine	Article	Aug. 13, 2007	\$500
NONE			

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BANK OF AMERICA (escrow)	BANK OF AMERICA (2)	BANK OF AMERICA (1)	COMMERCE BANK	BANCO POPULAR	MUTUAL OF AMERICA	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	Asset and/or Income Source Identity (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 tull names of stocks and mutual funds (do not use ticker symbols). For all IFAs 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 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 A
	×								None > Zas z p p a p	
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4.4	Ā		AND T		10			Š	Check all columns that apply retirement plans or accounts that not allow you to choose spe investments, you may write "NA." all other assets including all if indicate the type of Income by ching the appropriate box be Dividends and interest, even if i exercise the income by ching the appropriate box be Dividends and interest, even if i exercise the income of the i	
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			:		Annuities		eg.		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. EXCEPTED/BLIND THUST Other Type of Income (Specify: For Example, Partnership Income)	
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			1						Iransaction Indicate if the Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	

## BLOCK A ## Asset and/or Income Source Value of Asset Value of Asset	SCHEDULE III—ASSETS AND Continuation Sheet (if needed)	AND "UNEARNED" INCOME	Name EDO	EDOLPHUS TOWNS	Page 6or10_
Asset and/or income Source Vear-End Type	BLOCK A	BLOCK B	BI COK C	BLOCK D	BLOCK F
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SCHEDULE IV— TRANSACTIONS

Name

EDOLPHUS TOWNS

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												Brooklyn, NY	REAL PROPERTY @ 256 Highland Blvd	SP Example: Mega Coporation Common Stock (partial sale)	J	tion. Do not report a transaction between you, your spouse, dependent child, or the purchase or sale of your personal ce, unless it is rented out. If only a portion of an asset is ease so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange	
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72.55					t de	30 AV A	ii.									EXCHANG	Ē,	Type of Transaction
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SCHEDULE V— LIABILITIES

Name EDOLPHUS TOWNS

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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. 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

Creditor Type of Liability Type of Liability C D E F G H J J K							SP, DC, JT	
Amount of Liability Amount of Liability Amount of Liability Amount of Liability Amount of Liability Amount of Liability St. 6001- \$15,001- \$50,000- \$100,000- \$250,000- \$500,000- \$500,000- \$1,000,000- \$1,000,000- \$1,000,000- \$5,000,000-				BANK OF AMERICA	COUNTRYWIDE HOME LOANS	<u> </u>	Creditor	
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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

Source	Description	Value
Example: Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
NONE		

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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

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

 -		,			,	 	 	_	7	 1		T	
	Examples:		} {		(} { }		
Source	Chicago Chamber of Commerce	Roycroft Corporation		NONE									
Date(s)	Mar. 2	Aug. 6–11											
City of Departure—Destination— City of Return	DCChicagoDC	DC—Los Angeles—Cleveland											
Lodging?	z	~											
Food? (Y/N	z	~											
Was a Family Member Included? (Y/N)	z	Υ				· · · · · · · · · · · · · · · · · · ·							i
Number of days not at sponsor's expense	None	2 Days											

SCHEDULE VIII—POSITIONS

Name EDOLPHUS TOWNS

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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.

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