N <sub>S</sub>	because Yes	ependent child	<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?	" income, trans	≱ts, "unearnec	this report any other assu	<b>EXEMPTION</b> —Have you excluded from they meet all three tests for exemption?	EXEMPTIO they meet a
N N	s" need not Yes	'excepted trusts	<b>TRUSTS</b> —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?	e on standards	he Committee trust benefiti	Blind Trusts" approved by t his report details of such a	Details regarding "Qualified Ed. Have you excluded from the	TRUSTS—I
S	ANSWER EACH OF THESE QUESTIONS	1CH OF T		T INFORM	R TRUS	, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE,	EXCLUS
the onse.	uestion in this part must be answered and the attached for each "Yes" response	s part mus attached fo	Each question in this appropriate schedule	<b>₹</b>	Yes	child have any reportable eporting period?  V.	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.	V. Did you, ) liability (mor lf yes, com
S	gement with Yes	ement or arranç	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	<b>∑</b>	Yes	nt child purchase, sell, ransaction exceeding	<ul> <li>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?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>	IV. Did you, or exchange \$1,000 durii
<b>₹</b>	ore the date	itions on or befu	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>S</sub>	Yes	t child receive "unearned" ng period or hold any ) at the end of the period? III.	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, income of m reportable a lf yes, com
Ş ⊠	reporting Yes	ndent child rece or travel in the in ne source)?	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.	<b>₹</b>	es 🗆	tke a donation to charity in ance, or article in the	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.	II. Did any individ lieu of paying you reporting period? If yes, complete
<b>№</b>	ng more Yes	dent child recei (i.e., aggregati )?	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	Yes	'income (e.g., salaries or in the reporting period? I.	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? If yes, complete and attach Schedule I.	I. Did you on fees) of \$20 If yes, com
			E QUESTIONS	OF THESE	EACH	ION — ANSWER	PRELIMINARY INFORMATION	RELIMI
nois man	30 days late.		Termination Date:		Amendment		Annual (May 15)	Report Type
assessed	A \$200 penalty shall be assessed	A \$	Employing Office:	Officer or Employee		State: AY	Member of the U.S. House of Representatives	Filer Status
	(Office Use Only)	L,	(Daytime Telephone)			(Full Name)		
バ	200 EE - 5 FN 3: 35	1	5/8-273-1070	7	Mendorty	er Lobert 1	MICHAEL	
							8	3008
	JAN 2 1 2009	loyees	For use by Members, officers, and employees			RE STATEMENT rting Period	2008 FINANCIAL DISCLOSURE STATEMENT For The Calendar Year Reporting Period	2008 FIN
			Eorm A		IVES	F REPRESENTAT	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED

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## 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.	ts received under the Social Secu	urity Act.
Source	Туре	Amouni
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland  Civil War Poundtable (Oct 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
GREEN ISMNO INSURANCE	RENEWAL COMMITTIONS	570.4
N.Y. STATE RETIREMENT SYNTEM	STATE RETILEMENT INCHE 14863. 20	6/4863.20
M.Y. STATE OFFICE OF COURT ADMINISTRATION	Spowie Shinay	N/A
		,

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	Menucy

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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. 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

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	SP Mega Corp. Stock DC, Examples: Simon & Schuster  1st Bank of Paducah, KY Accounts  Think of America  Weight Antono  The Education  Calpaignt Antono  Calpaignt Antono  The Education  Calpaignt Antono  Calp	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 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.	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 asset or sources of income which generated more than \$200 in "unearned" incurie uning trie 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 IIAs 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).
・	Incefinite	None	BLOCK B  Value of Asset  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.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
マークを表示して、マースを表示して、アースを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のよりを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のよりを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のようを表生のよりまするとのよりまする。	X Royalties	RENT INTEREST	BLOCK C  Type of Income  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.
		None	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, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if no income was received.
	o (paruar)	por ass ples as 1 (S See exa	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) 5 DC, SP, Asset and/or income Source BLOCK A This page may be copied if more space is required. ➣ None **œ** <u>\$1 -</u> \$1,000 O \$1,001 <u>- \$15,</u>000 O \$15,001 - \$50,000 Value of Asset Ш BLOCK B
Year-End \$50,001 - \$100,000 71 \$100,001 - \$250,000 Q \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲ \$5,000,001 - \$25,000,010  $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income в<u>носк</u> с **Туре** CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) ろころって None = \$1 - \$200 XI HIM IN N N NI NII IX Amount of Income \$201 - \$1,000 \$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  $\succeq$ Over \$5,000,000 Page 4 of 8 Transaction BLOCK E மு, மு

## SCHEDULE IV— TRANSACTIONS

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Page S of B

																Example: Mega Coporation (	SP, DC, JT Asset	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.	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	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,
												The control of the co					10年後年の10年	Runc	łĄSE		of Tr
							/									×		SALE			Type of Transaction
							/					10 (a)				The second of		EXC	WGE	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ction
																10-12-07		Bi-weekly, if applicable	Quarterly,	(MO/DAY/YR)	Date
			10.00	J			10 to						4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			A 10 4 50	0	\$1,001- \$15,000	《古典》 《大學》 《大學》 《大學》 《大學》		
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		* * * * * * * * * * * * * * * * * * *	1/													2 m	1 1 2	\$50,001- \$100,000	4-4-4-4	O	Amc
8 5 8 8 8 8	14200	13.26		40234	1771.6		23,33	1454449	*> * * * * * * * * * * * * * * * * * *	22277	(49,4,4,4	2 4 4 2 April 12 14 14 14 14 14 14 14 14 14 14 14 14 14	13928	h 19 X 19	1 X X 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ž n	\$100,001 \$250,000		m 33503	Amount
		/					**************************************					EXAMPLE A				1 A	4	\$250,00 \$500,000 \$500,001	<del>                                    </del>		of Tra
										(#45) ; 1833 : 1834	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				FD 1 6	, , , , , , , , , , , , , , , , , , ,	からか	\$1,000,0 \$1,000,0 \$5,000,0	00	<u>ត</u>	Transaction
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						10105		1111111										\$25,000, \$25,000, \$50,000,			
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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.

			- 1				
					DC, JT	SP.	
				Example: First Bank of Wilmington, Delaware	Creditor		
				Mortgage on 123 Main St., Dover, Del.	Type of Liability		
	1				\$1,001- \$15,000	· <b>0</b>	
					\$15,001- \$50,000	ဂ	
					\$50,001- \$100,000	Ö	
	_			×	\$100,001- \$250,000 <b>\$250,001-</b>	m	Amou
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<del>     </del>					\$1,000,000 <b>\$1,000,001</b>		Amount of Liability
<del> </del>					\$5,000,000 \$5,000,001		
					\$25,000,00 <b>\$25,000,0</b> 0 <b>\$50,000,0</b> 0	1	
					Over \$50,000,00	$\overline{}$	

#### SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 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 \$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

			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description
/			\$325	Value

Use additional sheets if more space is required.

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 or were paid by you and reimbursed 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

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

							Roycroft Corporation		Source
							Aug. 6–11	Mar. 2	Date(s)
							DC—Los Angeles—Cleveland	DCChicagoDC	City of Departure—Destination— City of Return
							Υ	z	Lodging? (Y/N
							~	z	Food? (Y/N
							~	Z	Was a Family Member Included? (Y/N)
							2 Days	None	Number of days not at sponsor's expense

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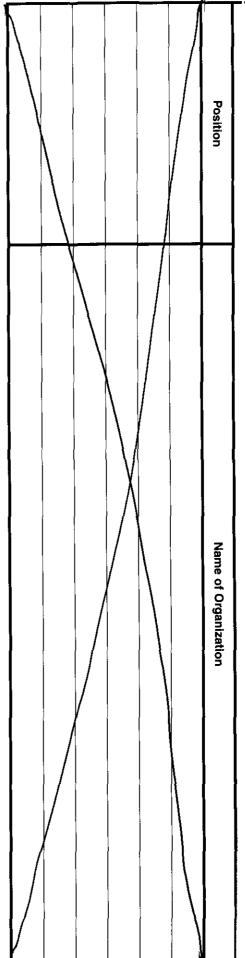
#### SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representativo, 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

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. 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	Parties To	Terms of Agreement
12/18/08	VERBAL AGREEMENT BETWEEN MEMBER AND STANT JA	START JANUARY 57 2009 AS SENIAR ADVISOR
	LAJ RADILC, SO BEAVER ST., ALBANY N.Y.	