No No	child because Yes	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	" income, trans	<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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
No No	trusts" need not Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
SNOI	F THESE QUEST	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	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.	No No	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.
No X	arrangement with Yes	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.
No 🔀	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 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.
No 🔀	d receive any n the 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 \$335 from one source)?  If yes, complete and attach Schedule VII.	₹   <u>X</u>	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.
No X	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 \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	<u>\$</u>	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.  Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
mes more man	30 days late.	Termination Date:		Report X Annual (May 15) Amendment
Il be assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Status Member of the U.S. State:
Propries	O HOUSE OFFICE PRE SEMINATIONS			
Y 15 PM 3: 12 MC	2009 MAY 15 PM 3: 12 MC	Daytime Telephone: 201 28イイバラ	Daytime T	Name: LEE TEXTY
	HAND DELVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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Sact Tuy town maste	JACKTHUM CASTAL WHELD GROWTH	Ryan Levy - DROME FUND OF ANIERSOA	Pyan Luy-GRANTH FUND OF AMERICA	Ryan Tuny-Europacitic	Byan hung-crosson wouldown	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	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'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.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> 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).	od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or	Identify (a) each asset held for investment or production of income with a fair market value	Asset and/or Income Source	BLOCK A
× = = = = = = = = = = = = = = = = = = =	*	×	×	×	×	×	Indefinite	×	\$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	A B C D E F G H - 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."	method other than fair market value, please specify the method used.	Indicate value of asset at close of reporting year. If you use a valuation	Value of Asset	вгоск в
×	×	× × ×	× × ×	× × ×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Inco	ome)	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	Type of Income	BLOCK C
×	×	*	×	×	×	×	X	X	\$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		Dividends and interest, even it reinvested, should be listed as income. Check "None" if no income was earned or generated.	For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below.	For retirement plans or accounts that do not allow you to choose specific investments you may write "NA" for income.	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	excleanges (E) exceeding \$1000 in reporting year.	purchases (P), sales (S), or	asset had	ransaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name LEE TERRY

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## SCHEDULE IV— TRANSACTIONS

LEE TERRY

							SMALL CAP WORLD	AMERICAN MUTUAL	Example: Mega Coporation Common Stock (partial sale)	SP DC .IT Asset	PURCHASE	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	of Tr
 							×	×	×		SALE EXCHANGE		Type ansactior
							00-20-00	01-17-08	10-12-08		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
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## SCHEDULE V— LIABILITIES

Name 726 TERRY Page 4 of

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

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			FIRST NATIL BANK CARE	Example: First Bank of Wilmington, Delaware	Creditor		
			(A2) + (A2)	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
			7		\$10,001- \$15,000	8	
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					\$500,001- \$1,000,000	G	Amount of Liability
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1				_	Over \$50,000,000	~	

## 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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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)	\$345