Yes No X	child because	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?
Yes No X	trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	າg you, your st	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?
UESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	must be ans ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S _o	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.
Yes X No	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.
Yes X No	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.	No	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.
Yes X No	d receive any n the reporting	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 ×	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.
Yes X No	regating 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.	8 □	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
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone wno mes more man 30 days late.	against anyon 30 days late.	Termination Date:		
A \$200 penalty shall be assessed	A \$200 penal	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: Arkansas House of Representatives District: First
M.S. HUYOMICH LEGRENGENTATIVES	Mas. HUKON	(Daytime Telephone)		(Full Name)
2008 MAY 15 AM 9: 52	2008 H	202-225-4076		Robert Marion Berry
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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.

Figure William new (such as National Current or Bosonic sour) indeed reference and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benef	benefits received under the Social Security Act.	burity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
	Spouse	
Carmar Lowe, Inc. (spouse)	Director's Fee	1,200.00
Marion Berry, Inc. (spouse)	spouse, salary	13,000.00
Pecan Post, Inc. (spouse)	spouse, salary	15,000.00
		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

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Name
Robert
Marion
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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.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is illumbed in each Member's milly package.	s ming package.		
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington DC XYZ Magazine	Speech Article	Feb. 2, 2007 Aug. 13, 2007	\$2,000 \$500
None			

SP Carmar Lowe, Inc.	SP Pecan Post, Inc.	1st Bank of Pa	Examples:	SP, Sp Mega Corp. Stock	not sell-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.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	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 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 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).
X	X	×		×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$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 Over \$50,000,000	B C D E F G H - J K	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."
Pirector	salary		Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Inc	come)	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.
X	×. Þ	4 >	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		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, including all IRAs, indicate the category of income below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
		-		S (partial)		If only a portion of an	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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

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	71 °C									JT											
Asset and/or Income Source		Riceland Foods, Inc.	12.	Marion Berry, Inc. Profit. Sharing Plan	COD-DeWitt Bank&Trust	Planters&Merchants Bank	Farmers&Merchants Bank	Farm Bureau Life Insurance	Group, Inc.		Washington, DC	COD-DeWitt Bank & Trust	COD-Planters&Merchants	Bank							
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BLOCK B Year-End Value of Asset	V	-	 	+																	
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]	RENT										X										
<u> </u>	INTEREST			×								X		×							
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Type Incor	EXCEPTED/BLIND TRUST																				
BLOCK C Type of Income	Other Type of Income (Specify)			ļ																	
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BLOCK E	ர. வூ ரா																				

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SCHEDULE IV— TRANSACTIONS

SP, DC, JT sold, please so indicate (i.e., "partial sale"). See example below or your dependent child, or the purchase or sale of your personal stocks, bonds, commodities futures, or other securities when the residence, unless it is rented out. If only a portion of an asset is transaction. Do not report a transaction between you, your spouse that resulted in a loss. Provide a brief description of any exchange amount of the transaction exceeded \$1,000. Include transactions dependent child during the reporting year of any real property, Report any purchase, sale, or exchange by you, your spouse or Example: None Mega Coporation Common Stock (partial sale) of Transaction **PURCHASE** Type SALE **EXCHANGE** Quarterly, Monthly, or (MO/DAY/YR) Bi-weekly, if applicable 10-12-07 Date \$1,001-\$15,000 Œ \$15,001-O × \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-Ш \$250,000 \$250,001-\$500,000 T \$500,001-O \$1,000,000 \$1,000,001-I \$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001 <u>د</u> \$50,000,000 Over ㅈ \$50,000,000

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Name Robert Marion Berry

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SCHEDULE V— LIABILITIES

Name Robert Marion Berry

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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.

SP,	J		JT				
Creditor		Example: First Bank of Wilmington, Delaware	Bank of America, NA				
Type of Liability		Mortgage on 123 Main St., Dover, Del.	Mortgage, 408 3rd St. SE	0			
1- cs	\$1,001 \$15,00				-		
	\$15,00 \$50,00						
01- 000	\$50,00 \$100,0						
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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 Example: Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Standards) \$325 RICE [and Foods, Inc., AR Friend of the Former Commemorative Award \$412 ac

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Robert
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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 or were paid by you and reimbursed by the sponsor.

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						<	Center For Derminacy in the America Mari 27-June 1	Roycroft Corporation		Source
							Mary 27-June 1	Aug. 6–11	Mar. 2	Date(s)
						WEHRE	DC-MAM - HAVIN-DC	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
							ሃ	~	z	Lodging? (Y/N
							イ	Y	z	Food? (Y/N
						l 	2.	Υ	Z	Was a Family Member Included? (Y/N)
							ZONE	2 Days	None	Number of days <u>not</u> at sponsor's expense

SCHEDULE VIII—POSITIONS

Name Robert Marion Berry

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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.

		Director/Secretary (spouse)	Position
		Carmar Lowe, Inc.	Name of Organization

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

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	Retention of benefits under profit sharing plan
10/93	Marion Berry, Inc.	Return to employment upon leaving government office
		-
10/93	Carmar Lowe, Inc.	Carmar Lowe, Inc.