Yes No X		sactions, or liabilities of a spouse or dependent	" income, trans	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 🔀		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?
ESTIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the	must be answe ed for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		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 No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No O	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 No No		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.	<u>8</u>	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 No		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.	₹	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 No X	œ e	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.	§	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, complete and attach Schedule I.
		OF THESE QUESTIONS	OF THESI	R EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty against anyone was also days late.	e Employing Office: Termination Date:	Officer or Employee	Status House of Representatives District: 02 Report Annual (May 15) Annual (May 15) Amendment
2008 MAY 15 PM 4: 24	2008 M. M. (Office)	2 02 - 22 5 - 4 5 5 (Daylime Telephone)		(Full Name)
HAND DELIVERED 10	DE DE	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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THE Income fund of America	anceicad mutual fued	11 + 7/	المراه مادر	ANGUICA FORM - VALCE	ب ٽو پر	Fund of A	AMPRICA FORDS - JACK		DC Examples: Simon & Schuster		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 in the account that exceeds ing threshold. For retirement plans that iff-directed, name the institution holding at and its value at the end of the report. For an active business that is not public, state the name of the business, the nath activities, and its geographic location	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), provide the value and income information on	duction 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	Identify (a) each asset held for invoctment or as	BLOCK A	SCHEDULE III ASSETS AND
\$c X	8	₹ ×	DC X		X	X		×	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 Over \$50,000,000	D	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	вгоск в	AND "UNEARNED" INCOME
×	*	*	× ×	<u> </u>	× .	×		X		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income	ne or Farm (ncome)	ing the appropriate box belowing 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.	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> , butlered to the type of increase to choose.	acome	BLOCK C	Name 2
X	><	*	X		< .	X		X		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		below. Dividends and interest, even if rein- trein- trein- come. Check "None" if no income was received. gener- gener-	not allow you to choose specific ments, you may write "NA" for information of incomments, you may write "NA" for information of incomments the category of incomments the category of incomments the category incomments the c		BLOCK D	LEE TERRY
									(paradi)	S (partial)	(S) (partial) See below for example. P. S.,	If only a portion of an asset is sold, please indicate as follows:	exchanges (E) exceeding \$1000 in reporting year.		Indicate if the	BLOCK E	Pageor_S

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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	X	×	X	ייין אַעָּ
!				LT ABOTTORY OXPORT HEROEN METERS
			X	JT American High Income Transi
	×	*		ST KOBYZ NORID GENERAL TUCKER
	×	X	X	0
			*	CN: 1 600
	×	*	X	DC The Enterne fund of America
	X		X	DC GROWTH FUND OF PACTICA
	*	X		DC Copital West best HAINS
σ, ος т	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Qver \$50,000,000	
	1 1 11 11 12 2 21 11 11		TXLIHBJJGGBV	SP P
BLOCK E Transaction	BLOCK D Amount of Income	BLOCK C Type of Income	BLOCK B Year-End Value of Asset	Asset and/or Income Source
Page A of U	e Tenay	Name \mathcal{U}	-ASSETS AND "UNEARNED" INCOME at (if needed)	Continuation Sheet (if needed)

SCHEDULE IV— TRANSACTIONS

Name LEE TERRY

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SCHEDOLE IV— I HANSAC HONS				[{	ŀ		
Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,	of Tr	Type of Transaction	tion .	Date	}		Amo	ž	Amount of Transaction	nsac	tion	}	}
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions			·	(MO/DAY/YR)	700	೧	•	m	កា ភ	a	<u>.</u>	L	7
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	IASE		NGE	or Quarterly,						ja -	1-	OI.	FreeB. NUSS
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	PURCH	SALE	EXCHA	Monthly, or Bi-weekly, if applicable	.001- 5,000	5,001- 0,000 0, 00 1-	0 0 ,000 00,001	50,000 50,00 1-	00,000 00,001-	,000,00 ,000,00	,000,00 ,000,00	5,000,0 6,000,0 6,600,0	/er 0,000,0
lease so indicate (i.e., "pai					\$	\$5	3	\$2	\$ \$	\$	\$5	\$2	0
Evamolo		<		10 10 07		<)							
SP Example: Mega Coporation Common Stock (partial sale)	أراد المراس المراس	×		10-12-07		×							
American New WORD TIND		×		12-19-07	×			A Special					
AMERICAN DUTLAL FUNDA (PARTJAL)		X.		6-22-07	X.			VV.					<u>。 4</u> 73019時
AMERICAN FUNDS Sm. CAP WORLD			\times	12-21-17	X								A KEVIL
AMERICAN FUNDS QURDAREFTE		X		セラーシーン		X					1-3 *10 * 15 * 7		<u> </u>
AMERICAN SIN CAP WORLD FUND	×			12-19-07		X	2 40						<u>(本) (4) (4)</u>
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SCHEDULE V— LIABILITIES

Name LEE TERRY

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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 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

	 		} 	7		٦ <u>٥</u>	D V				
				THE WATE BACK CHOO	Example: First Bank of Wilmington, Delaware	Creditor					
				Coepit cach	Mortgage on 123 Main St., Dover, Del.	Type of Liability					
				Š		\$1,001- \$15,000	8				
				\		\$15,001- \$50,000 C					
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 			<u></u>			\$5,000,001- \$25,000,000					
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· 	3.32	33.2		3 4 4		\$50,000,000 Over					

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
	N/A		

Name	
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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 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

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.

	Examples		62							
Source		Roycroft Corporation	GREAT MATUS Communications Co							
Date(s)	Mar. 2	Aug. 6–11	JUNE 4							
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland	Oma => Ioma city -> Oma							
Lodging?	z	~	Z							
Food?	z	~	2		 		!		!	
Was a Family Member Included? (Y/N)	z	~	C							
Number of days not at sponsor's expense	None	2 Days	None							