hild because Yes No No	sactions, or liabilities of a spouse or dependent ch	<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?
rusts" need not Yes No X	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
ANSWER EACH OF THESE QUESTIONS		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
estion in this part must be answered and the te schedule attached for each "Yes" response.	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?  Yes No
rrangement with  Yes No X	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	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.
before the date  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.	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.
receive any the reporting Yes No 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?  No X  If yes, complete and attach Schedule II.
eceive any gating more Yes No No	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 No No
	E QUESTIONS	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
A \$200 penalty shall be as essection against anyone who files more than 30 days late.	Termination Date:	
U.S. Trouse (Office Like Spring) Times MC	(Daytime Telephone)	vame)
2008 MAY 15 PM 1:51	202 225 3001	Robert Wexler
HAND DELIVERED	Form A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name Robert Wexler

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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.	s received under the Social Secu	urity Act
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
	Spouse Salary	NA
AMERICAN Jewish Committee	Spouse Salary	NA

Name
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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

Source  Association of American Associations, Washington DC  XYZ Magazine  Nence	Activity Speech Article	Peb. 2, 2007 Aug. 13, 2007	\$2,000 \$500
		i	

<del></del>	<del></del>				***
Chevy Chase Bank	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	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.	
	Π			None ≻	In rep
	L	ᆵ	$\Box$	\$1 - \$1,000 <sup>©</sup>	Indicate reporting method o please sp please sp generated "None."
×	1	Indefinite	_	\$1,001 - \$15,000	ing spend of and atted
	<b>-</b>	<del>!                                    </del>	_	\$15,001 - \$50,000	Valu yealu year ther ther is it was income i
	1.4	1	×	\$50,001 - \$100,000 m	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."
	×		$\dashv$	\$100,001 - \$250,000 TI	BLOCK B ue of As of ass if you than fair the meth sold duri sold duri cluded c me, the v
	╁┈			\$250,001 \$500,000 ©	As A
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	1		-	\$1,000,001 - \$5,000,000	t cl rket rket sed becc
	╁┈			\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	ose alua:
	+-		$\dashv$	Over \$50,000,000	tion lue,
	+-			NONE	a O S E T T B T D Z O
	1		×	DIVIDENDS	Chec retire; retire; all ot all ot indicating bird bird bird bird bird attention atten
	×		Ť	RENT	T Ck allow allow ther atte the the dend dend sary in
				INTEREST	ypa t pla t pla t pla t yc asset as asset asset as asset as as as as as as as as as as as as as
			×	CAPITAL GAINS	Type of In.  Check all columns or aretirement plans or an not allow you to clinivestments, you may all other assets <i>incli</i> , indicate the type of ining the appropriate ing the appropriate or sted, should be list. Check "None" if asset atter any income during
				EXCEPTED/BLIND TRUST	BLOCK C ype of Inc columns the plans or acc you to ch ts, you may assets <i>inclue</i> to the the plans or according to the plans of the
		Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 <i>including all IRAs</i> , 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 -	For character Ch
				\$1 \$200 =	r retiting r
	丄	ļ		\$201 - \$1,000	Amount of Income  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.
	╄	-	×	\$1,001 - \$2,500	BLOCK D  Amount of Income  ment plans or accounts  you to choose specific ou may write "NA" for I  ther assets, including a  the category of inco  the appropriate box  should be listed as in  lone" if no income was re
	1	-		\$2,501 – \$5,000 <	BLOCK D  wunt of Inc. t plans or acco to choose sp ay write "NA" assets, includ, category of appropriate appropriate ind interest, e ild be listed if no income v
	<u> ×</u>	-		\$5,001 − \$15,000 ≤	Of I
<b> </b>	+	-	_	\$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦	ncc accc s sp NA" indi indi indi indi indi indi indi ind
	+-	×	$\vdash$	— <del>———</del>	yunts ecific for box ven as i
	+			\$100,001 - \$1,000,000 \(\overline{\times}\) \$1,000,001 - \$5,000,000 \(\times\)	ome  bunts that do ecific invest- for income. for income by income by box below. box for income. as income. as received.
	╁			Over \$5,000,000	t do est- est- y by by hed.
			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.
	1		$\overline{}$	for the hate	E (E)

## **SCHEDULE IV— TRANSACTIONS**

Name Robert Wexler Page

dependent child claring the reporting year of any read properly of Transaction stocks bonds commodifies futures, or other securities when the amount of the transaction screeded \$1,000, Include transactions that resultence, unless it is remed out. If only a portion of any exchange transaction to the prochase or sale of your personal resistence, unless it is remed out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  SPDC, IT  SP Example:   Mesp Corporation Common Stock (partial sale)    X   10-12-07    X   10-12-07    X   10-12-07    X   \$55,000,001-00  \$55,000,000-00  \$55,000,00					1: 1									Ш
of the transaction securities when the off the transaction securities when the off the transaction secured of short description of any exchange fon Do not report a transaction between you, you spouse, dependent child, or the purchase or sale of your personal sease is to remid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is senid out. It only a portion of an asset is asset in the portion of an asset in the	dependent child during the reporting year of any real property,	of Tra	ansac	tion	Date			Amo	unt c	of Tre	ınsac	tion		
Idea in a loss, Provide a trief description of any exchange (on. Do not report a transaction between you, your spouse, dependent child, or the purchase or sale of your personal asses is it is rented out. If only a portion of an asset is asses to indicate (i.e., "partial sale"). See example below    Asset   Example:   Maga Capasition Common Stuck (partial sale)   X	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	,			(MO/DAY/YR)	00		$\dashv$			<del></del>	_	233	
### Composition Common Shock (partial sale)    Amage Coporation Common Shock (partial sale)   Amage Coporation Common Shock (partial sale)   Amage Coporation Common Shock (partial sale)      Amage Coporation Common Shock (partial sale)	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	CHASE		HANGE	or Quarterly, Monthly, or	)	)	0	00	)1-	000 001-	001-	),001-	),UUU `
Assert Assert X 10-12-07 X X 10	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	PURC	SALE	EXCH	Bi-weekly, if applicable	\$15,000	\$50,000	\$100,00	\$250,00	<b>\$500,00</b> \$500,00	\$1,000, <b>\$1,000</b> ,	\$5,000,0	\$25,000	\$50,000 Over
Example:   Mega Coposation Common Stock (partiel sale)	SP, DC, JT Asset						y 15			1		+		
	Example:	×	×		10-12-07		×							
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	WIWE							× ~ ′		*	-	-	-	1
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#### SCHEDULE V— LIABILITIES

Name Robert Wexler

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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

<del>, , , , , , , , , , , , , , , , , , , </del>	-	_	_		_
	DC			SP, DC, JT	
Capital One	Rhode Island Student Loun Association	Bank of America	Example: First Bank of Wilmington, Delaware	Creditor	
Revolving Charge Account	College Student Loan	Revolving Charge Account	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
×	,	3		\$1,001- <b>to</b> \$15,000	]
	X			\$15,001- \$50,000	
		X		\$50,001- \$100,000	
			×	\$100,001- \$250,000 m	Amou
,		`		\$250,001- \$500,000	
				\$500,001- \$1,000,000 Ω	Amount of Liability
			* * *	\$5,000,000 == \$5,000,001	₹
			, , ,	\$25,000,000 \$25,000,001	
				\$50,000,000	
1	1		Ī	\$50,000,000	ı

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

Name	
Robert	
Wexler	

## 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 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

**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.

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

_	 - 1		 		 	 -	_		_		
								None	Roycroft Corporation	Evamples: Chicago Chamber of Commerce	Source
									Aug. 6–11	Mar. 2	Date(s)
									DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
									Y	z	Lodging? (Y/N
				_	,		" !		Υ	z	Food? (Y/N
									Υ	Z	Was a Family Member Included? (Y/N)
									2 Days	None	Number of days not at sponsor's expense

#### SCHEDULE VIII—POSITIONS

Name Robert Wexler

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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

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	
		None	Parties To	
			Terms of Agreement	