×	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No X	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	າ on standards າg you, your sp	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?
S 	UESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No U	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.
<u>§</u>	Yes	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.	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.
×	Yes	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.	×	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	Yes	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.	No 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? Yes X
	:		E QUESTIONS	OF THESE	R EACH
nore man	ie wild mean	30 days late.	$\begin{pmatrix} \mathbf{X} \end{pmatrix}$ Termination $\frac{1}{3}/09$		Type Annual (May 15) Amendment
assessed	ty shall be	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Filer X Member of the U.S. State: NY Status District: 25TH
7	(Office Use Only)	(Off	(Daytime Telephone)		(Full Name)
12	- 2: - 2: - 0:	3F00 FED 101, 21, 53	(315)475-4762		JAMES T. WALSH
·	· · · · · · · · · · · · · · · · · · ·				800%
. -	JAN 2 7 2009	JAN	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
					WITTO OTATIO LOUGE OF DEDUCATIONS

Name
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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 benef	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples. Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
ONONDAGA COMMUNITY COLLEGE	SPOUSE SALARY	N/A
NEW YORK STATE & LOCAL RETTREMENT SYSTEM	PENSION	2,938
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1 1	I	Ω	SP	SÞ	ے		ωŢ	000=0==================================		20242		
i l		θ	P	P			SP.	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 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.	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 tall land, provide a complete address do not use ticker symbols). For all IFAs 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).	Identify (a) each asset held for investment or production of income with a fair market value	
	U.S	Θ	42	VAN FUN	1	Examples:		spo spo nt, o in p est ernm ernm ernm	rting rting self-c self-c ount ount ount ount ount ount ount ount	edin and (and (b pro es o r syr r syr plar plar	g (#	As
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	SAVINGS	IΙΑ	ABBET INVEST	EPA LA:	1s:	Sir	SP Mega Corp. Stock	ur personal income); an or by you or by you or ling; any deponal savings a or income retirement proose, you may urce is that continued (DC) or is mun on the far	ue and income information on the account that exceeds the bid. For retirement plans that are, name the institution holding the value at the end of the reporting trive business that is not publicly name of the business, the nature and its geographic location in additional information, see the et.	mo mo com and or and or and sele	asse me	ē,
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္ ၄ ၂၇	SCHEDULE III—ASSETS AND Continuation Sheet (if needed)	-ASSETS AND "UNEARNED" INCOME		Name JAM	JAMES T. WALSH	Page 3 of 6_
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Incon	ome	BLOCK D Amount of Income	BLOCK E Transaction
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DC,		,000 0,000 50,000 00,000 ,000,000 55,000,000	NS		000,000	m ço
	IRA ACCOUNT HOLDINGS:	None \$1 - \$1,000 \$1,001 - \$15,0 \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$1 \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/B	Other Type of (Specif	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$100, \$100,001 - \$1,0 \$1,000,001 - \$5	2701 40,000,000
	JENNISON 20/20 FOCUS FD	X	X		: X	יטי
	JENNISON UTILITY FUND	××	XX		××	יי טי
	VANGUARD M.M. RSVS INC.					
	PRIME PORTFOLIO	X	×		X	
	SELECT FD. CL.A	×	×		X	
	JENNISON VALUE FUND C.L.A.	X	X		X	S
	DOW JONES SELECT DIV.					
	1	×	×		X	
	GENERAL ELECTRIC CO.	×	×		×	
_	. !					
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SCHEDULE IV— TRANSACTIONS

Name JAMES T. WALSH

Page 4_of 6

Report any purchase, sale, or exchange by you, your spouse or		Type											ĺ
dependent child during the reporting year of any real property,	of Tra	of Transaction	tion	Date			Amo	unt o	of Tr	ansa	Amount of Transaction	د	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions			,	(MO/DAY/YR)	5	ი	0	ш	TI	<u> </u>	I		
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	HASE	<u> </u>	ANGE	or Quarterly,	***			l) · · · · · ·	00	00	000 001~	
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	PURC	SALE	EXCH	Bi-weekly, if applicable	1,001- 15,000	15,001 50,000	50,001 100,00	100,00 250,00 250,00	500,00 500,00	1,000,0 1,000,0	5,000,0 5,000,0	25,000 25,000	50,000 Over 50,000
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SP Example: Mega Coporation Common Stock (partial sale)	· · · · · · · · · · · · · · · · · · ·	×	* * * * * * * * * * * * * * * * * * * *	10-12-07	1 2 2 4 4	×							* /
JENNISON 20/20 FOCUS FUND SHS.	×		\$ ' · ·	1/9/08	×		, , ,	****			`		111
JENNISON NATURAL RESOURCES FD. SHS.	×		,	1/9/08	×		3 1				, ,		
JENNISON UTILITY FD. SHS.	×			1/9/08	` X }								
JENNISON VALUE FD. SHS.	,	×		1/9/08	×				,			,	
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SCHEDULE V- LIABILITIES

Name JAMES T. WALSH

Page 5_of 6

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

D C	C D
Mortgage on 123 Main St. Dover Del. \$1,001-\$15,000 \$15,001-\$50,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000
\$1 \$1	\$1 \$1 \$1 \$5 \$5
\$1,001- \$15,000 \$15,001-	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000
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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

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

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Name JAMES T. WALSH

Page6___ of 6

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

Position	Name of Organization
DIRECTOR	KIDNEY FOUNDATION - ONY CHAPTER
DIRECTOR	EVERSON MUSEUM

SCHEDULE IX—AGREEMENTS

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 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.

Date	Parties To	Terms of Agreement
N/A	NEW YORK STATE & LOCAL RETIREMENT SYSTEM	PENSION PLAN INTEREST
N/A	VERIZON COMMUNICATIONS	PENSION PLAN INTEREST AVAILABLE AT RETIREMENT AGE