Yes No	child because duct.	sactions, or liabilities of a spouse or dependent child because vith the Committee on Standards of Official Conduct.	" income, trans 'st consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
Yes No No	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS—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?
UESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the 'Yes" response.	must be ansi ed for each "	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 No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<u>8</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.
Yes 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 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 \$335 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 No	receive any regating more	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.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? Yes Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	against anyon 30 days late.		Employee	t Mouse of Representatives District: Annual (May 15)
(Office Use Only) :: ∵ES	(Off	Employing Office:	Officer or	Filer Member of the IIS State: Two was
42.2 13. 21.431.533	D. 7	Daytime Telephone: (202)225- 4436	Daytime T	Name: MARK E. JOUDER
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HAND MC	DEL H	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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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.

[- 3]		
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Osine K. Sougher . Consultant, Ossiovary Tays	Sauce Salany	396

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BLOCK B BLOCK C Value of Asset Amount of Income	2 2	In come pay must	Gr.L:11	4	(H. Jours & fors)	Carrierge		Examples:	SP	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 inf-and its value at the end of the report. For an active business that is not put state the name of the business, the na activities, and its geographic location. A. For additional information, see stion booklet.	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), and income intervention of	BLOCK A
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

	Continuation Sheet (if needed)	ONEXHINED HACOME		Name MARK SOLDER PR	Page 4 of 6
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP,		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 \$500,001 - \$5,000,000	S25,000,001 - \$50,000,000 A Over \$50,000,000 F NONE DIVIDENDS RENT NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify) None — \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	or, oy, m
	3) Roy and how Towshol	X	X	X	
	4) DAMA . Goodill Bank	×	X	X	
	5) CO . Godina	X	×	X	
	(a) (B : Good 1) Bod	X	X	*	
	7) CD " 6-6:11 Sand	×	X	X	
	(Total delles Signifially				
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Name
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SOUDER

Page 5 of 6

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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.

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N Lodging?	Food?	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	4	2 Days
ZONZ	May 24-31	OC - Compagn - Os/a.	Υ	~	4	2 days
		Salbard . Oslo . OC				
Yound Ampricas	Now 14-16	DC - Vagh Brown CA - Roy	Y	4	7	None
NOUMENAS		<i>⊅</i> N				

SCHEDULE VIII—POSITIONS

Name MARK SOUDER

Page 6 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,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Manying Partner Historic Vouders of Gras:11	Position	Name of Organization
	Mornin Partner	Historic Vouders of Gras:11

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				
Parties To	-			;
				•
Terms of				
Terms of Agreement				