No No	es   C	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	other assets, "unearned	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
ĕ   <u>X</u>	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not souse, or dependent child?	on standards	roved by the Committed of such a trust benefiti	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen
S	UESTION	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" resp	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No K	portable Yes	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.
₹   <b>&gt;</b>	Yes	arrangement with	<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	No X	eding Yes	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	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.	<b>S</b> □	nearned" any e period?  Yes	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.
<b>8</b> □	Yes 🗡	d receive any n the reporting a)?	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.	N N	charity in the Yes	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.
<b>8</b> □	Yes 🗶	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 \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	alaries or period? Yes 🗶	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? If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	ANSWER EACH	PRELIMINARY INFORMATION AN
assessed more than	lty shall be ne who files i	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Termination Date:	Officer or Employee	Amendment	Status  House of Representatives District:  Report Type  Annual (May 15)
] HC	PH 12: 48	2008 MAY 15 PM 12: 48 OFFICE OF SECRETATIVES S. HOUSE OF HOMice Use Only)	202-225-6/6/ (Daytime Telephone)		une)	]
D	HANU DELIVERED	DELIVERE  S DELIVE	Form A For use by Members, officers, and employees		SENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
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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.

exceedin	exceeding ∜1,000. See examples below. Exclude: Military hay (such as National Guard or Reserve hay) federal retirement programs, and benef	henefits received under the Social Security Act.	urity Act
	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
	$\overline{}$	Legislative Pension	\$9,000
examples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
	RIMED UNIVER SAIN DETRICT	Spouse Sommy	N/A

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Amoun held my Co		Pers Retilement	GTE/VOLEM		Examples:	SP. Sp. Mega Corp. Stock	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.	BLOCK A  Asset and/or income Source  Identify (a) each asset held for investment or pro- Suction of income with a fair market value exceeding \$1,000 at the end of the reporting peri- od, 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 licker symbols). For all IHAs 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 each asset in the account that exceeds the
*	*	>	>	×	-	×	None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$1,000,000  \$500,001 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$50,000,000	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."
THA	Persion	Persion	*	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  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 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.
	2	\$		×	×	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       <	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 by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
						S (partial)		BLOCK E  Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.