Yes No No	actions, or liabilities of a spouse or dependent child because	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
d not Yes No X	of Official Conduct and certain other "excepted trusts" need not ouse, or dependent child?	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?
SE QUESTIONS	MATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
answered and the ach "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? If yes, complete and attach Schedule V.
t with Yes No	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.
Yes 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.
ing 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	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? If yes, complete and attach Schedule I. No
	QUESTIONS	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Filer Status Member of the U.S. State: A K Officer or Status House of Representatives District: 2 Employee Type Annual (May 15)
2008 MAY 15 PM 1: 52 OFFICE OF THE CLERK THE PROPERTY OF THE CLERK THE PROPERTY OF THE PROPER	202-225-2506 2008 (Daytime Telephone) U.S. Hö	1 Ctor F (Full Name)
HAND HAND CENTER	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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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

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and ben	benefits received under the Social Security Act.	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
Ovapau Quarter United Methodist Church	Spouse Salary	N.A.

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Page 3

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 Examples: Association of American Associations, Washington DC XYZ Magazine	Activity Speech Article	Date Feb. 2, 2007 Aug. 13, 2007	Amount \$2,000 \$500

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Vang Tot Stock MKT- SEP-SRA	Vanguary Total Stock MKt	and Treas.	1.25 SM	JT st Bank of Paducah, KY Accounts	SP	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'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 tar left.	Asset and/or Income Source 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), provide the value and income information on
3	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**	#20.039	X	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$7 Over \$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."
×. 2	× ×	*	×	X	XXX	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 IHAs, 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 - \$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 × Over \$5,000,000 ×	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, 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.
	P Signal	-	0		S (partial)		BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SC Cor	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Nan	Name V(C	Snyder to	Page Sot 7
	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
S.P.		ABCDEFGHIJKL			IN IN IN IN IN IN X X X	.ט
DC,		000 0,000 0,000 00,000 000,000 5,000,000	S IND TRUST		000,000	пφл
		None \$1 - \$1,000 \$1,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100, \$100,001 - \$250,0 \$250,001 - \$1,0 \$1,000,001 - \$5,000,001 - \$5,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,000,000,000,000,000,000,000,000,0	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLI	Other Type of In (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,00 \$100,001 - \$1,000 \$1,000,001 - \$5,000	
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	AIM European Grown FRA	#24499	×		×	O
_	Wellsfary Emery MKt FRA)	\$ 20066	×	 		
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	ر محر	Tan #20,264	×			
	Venture	#23,968	×		×	V
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SCHEDULE IV— TRANSACTIONS

Name Vic Sryder Page 6

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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	ction	Date			Ато	unt c	of Tra	nsa	Amount of Transaction	_	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	w	ဂ	ס	m	7	<u>ត</u>		د	~
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	HASE		NGE	Ouarterly,						00 01-)1-	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 sold, please so indicate (i.e., "partial sale"). See example below.	PURCH	SALE	EXCHA	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000 \$50,001 -	\$100,000 \$100,001	\$250,000 \$250,001	\$500,000 \$500,001	\$1,000,00 \$1,000,0 0	\$5,000,00 \$5,000,00	\$25,000,0 \$25,000,0	\$50,000,0 Over \$50,000,0
JT									-				
SP Example: Mega Coporation Common Stock (partial sale)		×		10–12-07		×					-	-	-
DWS Sculder Latin Amer End	X	1		Automedic	义	3	3	المدين	Jividend	<u>ک</u>	\$ 0 m	5	
AIM European Growth	X.			Autorit.	×	5	3	5.	<u> </u>	ار الح الح الح	Reiz	<u>\$</u>	
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Vanguary Total Stree MKT		\times		2/26/07	×			<u> </u>	-		-		
Various Total Stack MICT		\times		3/31/11		×		<u> </u>					
Janus Venture	×			menthly	×	#/8	mon the	É	2		Divided	2000	S. S.
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Name Vic Snyder

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 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

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cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **4** 8 9 Example: First Bank of Wilmington, Delaware $\sqrt{2}$ Creditor Mortgage on 123 Main St., Dover, Del Type of Liability \$1,001-\$15,000 Ø \$15,001-O \$50,000 \$50,001-\$100,000 Ó \$100,001 m **Amount of Liability** \$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

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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)
NONC	

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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

	ı		Examples.	ļ							
	Source	Chicago Chamber of Commerce	Roycroft Corporation	3 NON							
7.42/21	Date(s)	Mar. 2	Aug. 6–11							, ,	
╝	City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland								
	(Y/N)	z	_ Y_								
•	(Y/N	z	~								
Was a Family	Member Included? (Y/N)	Z	Y								
Nimbor of dove not	at sponsor's expense	None	2 Days								

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SCHEDULE VIII—POSITIONS

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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

$\neg \neg$		 	 	
Position	3 N O N			
Name of Organization				

SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

•		
 Date	Parties To	Terms of Agreement
	15MON	