Yes No No	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?
Yes No X	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ng you, your sp	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
JESTIONS	OF THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
vered and the Yes" response.	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	8 ⊠	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 X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	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.	№	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 X	d receive any in the reporting e)?	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. S.	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	d receive any yregating 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 No	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 1f yes, complete and attach Schedule I.
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
30 days late.		Termination 1-2-09		Report Annual (May 15) Amendment
A \$200 penalty shall be assessed	A \$200 penalt	Employing Office:	Officer or Employee	Status Member of the U.S. State: U.Y. Status House of Representatives District:
pediso Ania)	Jana ADR 20 (Office Lisa Chile)	(Daytime Telephone)		(Full Name)
7		307-234-3482		Barbara Cubin
7 2009	- IAPR 0 7 2009			2008
		Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2008 Calendar Year Reporting Period
			-{	וואווידרי פילאינפי ווסוופני סב הבההבפראדאיוווכי

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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 nnn Saa examples below.

exceeding ∜ i,ouc. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Fred W. Cubin M) U (Ret)	Social Security	ANDMA
	-	

Universal Display (up)	126.76	Morck	Medlo	Glaso Smith Klein	Grey wolf Inc		Examples:	SP, SP Mega Corp. Stock	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.	 provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are 	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).	
**				X	X	×	Indefinite	×	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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	A B C D E F G H - 1 K L	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."	
		`.				×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	ome)	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 ofther 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.	1
						×	×	×	\$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	1X X X1 1814 11A A A 181 18 1	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.	1.));
								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	ם איני פ

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Baskava Culoin

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1 5 CO (O L)	SP,	
Threstment Co Of Aur Smith Borney Money Fung Brigham Exploration CHA Income tund of April (IRA State Steent Money rund State Steent Money rund Then tix Then tix Then tix Then tix		BLOCK A Asset and/or Income Source
None	Α	
\$1 - \$1,000	. 6	
\$1,001 - \$15,000	0	
\$15,001 - \$50,000	D	≼
\$50,001 - \$100,000	Е	BLOCK B Year-End Value of Asset
\$100,001 - \$250,000	ŢŢ,	BLOCK B Year-End ue of As:
\$250,001 - \$500,000	۵	7 1 9
\$500,001 - \$1,000,000) I	SS Pu
\$1,000,001 - \$5,000,00		ĕ
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\$25,000,001 - \$50,000		1
Over \$50,000,000	F.	
NONE		
DIVIDENDS		ł
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CAPITAL GAINS		Ĭ [™] → ₽
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EXCEPTED/BLIND TRI	USI	BLOCK C Type of Income
Other Type of Income (Specify)		ē
None	_	
\$1 - \$200	=	
\$201 - \$1,000	=	≩
\$1,001 - \$2,500	Z	BLOCK D Amount of Income
\$2,501 - \$5,000	<	I ∄ ₽
\$5,001 - \$15,000	≤	BLOCK D
\$15,001 - \$50,000	IIIV	
\$50,001 - \$100,000	<u></u>	8
\$100,001 - \$1,000,000] 🖁
\$1,000,001 - \$5,000,000	×	<u> </u>
Over \$5,000,000	×	1
	ָסר. ע	BLOCK E Transaction

SCHEDULE IV— TRANSACTIONS

Name

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SP, DC, JT or your dependent child, or the purchase or sale of your personal amount of the transaction exceeded \$1,000. Include transactions stocks, bonds, commodities futures, or other securities when the Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, sold, please so indicate (i.e., "partial sale"). See example below that resulted in a loss. Provide a brief description of any exchange residence, unless it is rented out. If only a portion of an asset is transaction. Do not report a transaction between you, your spouse, Example: Mega Coporation Common Stock (partial sale) of Transaction **PURCHASE** × SALE **EXCHANGE** Quarterly, Monthly, or Bi-weekly, if applicable (MO/DAY/YR) 10-12-07 Date \$1,001-\$15,000 \$15,001-O \$50,000 \$50,001-\$100,000 O Amount of Transaction \$100,001-\$250,000 m \$250,001-\$600,000 4 £ 2. Ť \$500,001-Ω \$1,000,000 \$1,000,001-\$5,000,000 Ť \$5,000,001-\$25,000,000 \$25,000,001+ \$50,000,000 ᄌ \$50,000,000

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SCHEDULE V— LIABILITIES

Name Page ____of

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

				T
			SP, DC,	
		Example:		
		First Bank of Wilmington, Delaware	Creditor	
		Mortgage on 123 Main St., Dover	Type of Liability	
		Dover, Del.	T Y	
	 		\$1,001- \$15,000 ©	l
	 		\$50,000 \$50,001	
,wu	 	×	\$100,000	
			\$250,001- \$500,000	
			\$100,001- \$250,000	
			\$5,000,000	
,			\$5,000,001- \$25,000,000	
	 	 _	\$25,000,001- \$50,000,000	
		L	\$50,000,000	1

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	31. (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	

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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 \$305 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	Lodging? Food? (Y/N (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Evernie:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	Υ	2 Days

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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 a
ıy edu	ntative	ıs, cor
cation	emp	npens
al or o	iloyee,	ated o
ther in	, or 00	or unc
nstituti	nsulta	ömpei
on oth	nt of a	nsateo
er tha	any co	i, held
n the I	rporati	durin
United	on, fir	g the
State	m, par	currer
Ś	tnersh	nt cale
	jip, or	ndar ı
	other	year a
	busine	s an
	en ss	officer
	terprise	direct
	e, any	or, tru
	non pr	stee o
	ofit or	f an o
	ganiza	rganiz
	tion, a	ation,
	ny labo	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
Board of Wirechors	National Rifle Association

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 Agreement
i		