No.	ecause Yes	isactions, or liabilities of a spouse or dependent child be	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
ĕ ⊠	need not Yes	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ig you, your sp	<b>TRUSTS</b> —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?
S	ESE QUESTIONS	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	be answered and reach "Yes" response	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.
\ <u>\\</u>	ament with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	N <sub>S</sub>	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.
\$	e the date Yes	Vill. 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.
₹ □	e any porting Yes	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 <sub>o</sub>	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.
× ×	e any g more Yes	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	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 Yes
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
assessed nore than	A \$200 penaity shall be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Date:  Termination	Officer or Employee	Filer Member of the U.S. State: CO House of Representatives District: 7TH  Report Nnnual (May 15)  Amendment
Es Me	LESE HOMES WES ENTRY IN THE MC	(Daytime Telephone)		(Full Name)
	50.05 HVA 13 67 2: 09	202-225-4676		Magney 1) Magneye
-	HAND DELIVERED	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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Name MARILYN N. MUSGRAUE

Page 2 of 7

## 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. <b>Exclude:</b> 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	Legislative Pension	\$9,000
<del>-</del> -	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
STEVE MUSGRAUE AGENCY	Spouse SELF EMPLOYMENT	NA
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FARM - 15484 ROAD 182	ESMODUES, IA	CHECKING MCCOUNT-HANKAS	HORGAN STATE BANK	- NSBOM	SRDST, GALLETON (D 80622)	1st Bank of Pa	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	<b>Exclude:</b> 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 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.	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).
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		$\times$	メ				Indefinite		\$1,001 - \$15,000	0	Indicate reporting method o please sp please and year and generated "None."
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<u> </u>		<u> </u>	<u> </u>		×	L	1	×	\$50,001 - \$100,000	m	Value of Asset  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."
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CROPSALES		_	     				Royatties		Other Type of Income (Specify: For Example, Partnership I	Income or Farm Income)	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.
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		*	×			Ĺ			\$1 - \$200		Amount of Income  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, <i>including all IRAs</i> , 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.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name MARILYN N. MUSGRAVE Page 4 of 7

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																PRECIOUS METALS/COINS		Asset and/or Income Source	BI OCK A
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## SCHEDULE IV— TRANSACTIONS

Name MARILYN N. MUSGRAVE

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Report any purchase, sate, or eachange by you, your spouse or colors bonds, commodifies futures, or other essurities when the amount of the transaction between you, your spouse, or your dependent follow, of the purchase or state of your personal foliation, but no studies it is entert out. If only a portion of an asset is sort, phese so officered (6.4; Phese so officere						_			_				T		S			
Type   Of Transaction	_									ļ		-	50		P, DC, JT	that result transactio or your de residence sold, plea	amount o	Report ar
PURCHASE   Of Transaction   Of Transaction   Of Transaction   Date												/	$\sim$		Aş	ed in a loss. Provide a brief n. Do not report a transaction pendent child, or the purchaunless it is rented out. If on se so indicate (i.e., "partial")	the transaction exceeded to	y purchase, sale, or exchart child during the reporting
Date													COINS	mon Stock (partial sale)	set	description of any exchange between you, your spouse, ase or sale of your personal ly a portion of an asset is sale"). See example below.	or other securities when the \$1,000. Include transactions	nge by you, your spouse or year of any real property,
Date				i												PURCHASE		of Tr
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Page 6 of 1

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.

£		SP	7			28,4	3	
SP CAPITAL ONE	DISCOVED CARD	BANK of AMERICA	BANK of COLORADO	FORTMORGAN STATE BANK	Example: First Bank of Wilmington, Delaware	Creditor		
BusINESS CHERATING LOAN	REVOLUING CHARGE ACCOMN	BUSINESS OPERATING LOAN	MORTGAGE-FARM	MATCAGE GALETON PROPE	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
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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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## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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 or were paid by you and reimbursed by the sponsor.

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Source  Chicago Chamber of Commerce Roycroft Corporation  #ERITAGE FOUNDATION	Date(s) Mar. 2 Aug. 6–11	City of Departure—Destination—City of Return  DC—Chicago—DC  DC—Los Angeles—Cleveland  DC—BALTIMORE—&C	√ √ V Lodging?	Food?	Was a Family Member Included? (Y/N)  N  Y
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