	Yes ☐ No ☑	t child	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?	ets, "unearned" incc	Exemptions Have you excluded from this report any other ass because they meet all three tests for exemption?	
	Yes No 🗸	cepted endent	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ed by the Committed d from this report de	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Office trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?	
	SNC	JESTIO	TION ANSWER EACH OF THESE QUESTIONS	ST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	m
		ě.	schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	the appropriate	red and	Each question in this part must be answered and the appropriate	Yes No	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 IX.	; 	If yes, complete and attach Schedule IV.	•
	Yes No 🗸	an outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes 🗸 No 🗆	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	2
			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	he Yes □ No ☑	of filing in th	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes ✓ No □ V	Did you, your spouse, or a dependent child receive "unearned" income of lill. more than \$200 in the reporting period or hold any reportable asset worth more than \$1 nn at the and of the reside?	=
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	į
	5 Yes No	rtable travel e than \$305	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No V	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?	Ę
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	Yes No	rtable gift in xt otherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes No V	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 i. or more from any source in the reporting period?	-
_			UESTIONS	OF THESE QU	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	-
		late.	on	☐ Termination	Type (Annual (May 15) Amendment	
	more than 30 days	more	Termination Date:		Report	
	be assessed against	be a	Employee		Status House of Representatives District: 00	
	A \$200 penalty shall	A \$2	Employing Office:	0	Filer Member of the U.S. State: ND	
(SPICE(6	(Daytime Telephone)		(Full Name)	
22	2000 HAY 15 AM 10: 13	DB MAY	202-225-2611 2008		The Honorable Earl Pomeroy	
	LEGISI ATIVE RESOURCE CENTER	SULTA	LEGISI			
U	DELIVERED	l	nbers, officers, and employ	'EAR 2007	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	Γ
	HAND		FORM A Page 1 of 4	-\TI\/⊏C	INITED STATES HOLISE OF BEDDESENITATIVES	\Box

SCHEDULE III
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ASSETS
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DC that of your spouse (SP) or dependent child (DC) or is jointly held (JT), savings accounts; any financial interest in or income derived from U.S. in the optional column on the far left. in the account that exceeds the reporting threshold. For retirement Government retirement programs. debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any information, see the instruction booklet. that is not publicly traded, state the name of the business, the nature of plans that are not self-directed, name the institution holding the account in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other a fair market value exceeding \$1,000 at the end of the reporting period, Identify (a) each asset held for investment or production of income with If you so choose, you may indicate that an asset or income source is parent or sibling; any deposits totaling \$5,000 or less in personal its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business investments), provide the value and income information on each asset land, provide a complete address. Provide full names of stocks and than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more Asset and/or Income Source Spartan US EQ Index Jefferson Pilot Financial PERS - Fidelity Investments PERS - Fidelity Investments PERS - Fidelity Investments -Funds, Blue Chip Growth Fund AIG Sun America Mutual Funds, Blue Chip Growth Fund FiD Diversified Intl FiD Blue Chip Growth Insurance AIG Sun America Mutual Ħ \$15,001 -\$1,001 - \$15,000 INTEREST \$1,001 - \$15,000 \$50,000 \$15,001 \$50,000 \$15,001 -\$50,000 \$1,001 - \$15,000 it is generated income, the value should be asset was sold and is method used. If an please specify the year. If you use a at close of reporting included only because than fair market value, valuation method other Value of Asset Year-End **BLOCK B** Name The Honorable Earl Pomeroy None None None None None categories, specify the apply. Check "None" if Check all columns that block. (For example: a brief description in this asset did not generate Farm Income) Partnership income or type of income by writing than one of the listed calendar year. If other any income during the Type of Income BLOCK C N checking the appropriate accounts that do not allow 1-200 box below. Dividends, even category of income by other assets, indicate the "None" if no income was you to choose specific For retirement plans or isted as income. Check if reinvested, should be "NA" for income. For all investments, you may write Amount of Income BLOCK D reporting year \$1,000 in exceeding exchanges (E) (P), sales (S), or had purchases Transaction Indicate if asset **BLOCK E** Page 2 of 4

PERS - Fidelity Investments, Alinz NFJ SmCpVal Ad Global Value Fund (IRA) Tweedy, Browne Fund Inc., Browne Value Fund Tweedy, Browne Fund Inc., \$50,001 -\$100,000 \$15,001 -\$50,000 \$15,001 -\$50,000 The Honorable Earl Pomeroy None DIVIDENDS/CAPI \$5,001 - \$15,000 DIVIDENDS/CAPI TAL GAINS TAL GAINS \$2,501 - \$5,000 NA T J Page 3 of 4

SCHEDULE IV - TRANSACTIONS

Name The Honorable Earl Pomeroy

Page 4 of 4

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief J DC, (IRA) Fund(IRA) Tweedy, browne Fund Inc., Global Value Fund Tweedy, Browne Fund, Inc., Browne Value Asset T T **Transaction** Type of throughout the at various times year throughout the at various times year Date \$1,001 - \$15,000 \$1,001 - \$15,000 Amount of Transaction