

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

James R. Langevin
(Full Name)

(202) 225-2735
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER
2009 MAY 15 PM 3:39
(Office Use Only)

HAND DELIVERED

MC

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: RI District: 02	<input type="checkbox"/> Officer Or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination		

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source <small>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 assets 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 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. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$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.</small>	BLOCK B Year-End Value of Asset <small>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 and is included only because it is generated income, the value should be "None."</small>	BLOCK C Type of Income <small>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 the calendar year.</small>	BLOCK D Amount of Income <small>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 earned or generated.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
14901 Park Lane Dr. #101, Ft. Meyers, FL	\$100,001 - \$250,000	RENT	\$1,001 - \$2,500	
15 Jefferson St., Warwick, RI	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
17 Scott Ave., Warwick, RI	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
25 Scott Ave., Warwick, RI	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
340 Shawmut Ave., Warwick, RI	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
65 Chesterfield St., Warwick, RI	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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9 Jefferson St., Warwick, RI	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
Bank RI (savings)	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
Blackrock Muni Enhanced Fund	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Blackrock Munivest Fund II	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$1,001 - \$2,500	
Bonnet Shores Beach Cabana	\$15,001 - \$50,000	RENT	\$2,501 - \$5,000	
Citigroup Cap XV	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
Eaton Vance Natl Muni Fund	None	DIVIDENDS/INTE REST	\$5,001 - \$15,000	S
Goldman Sachs Grp Inc. SRB	\$15,001 - \$50,000	None	NONE	P
Investment Company of America	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
MS Cap Trust	\$15,001 - \$50,000	None	NONE	P
MS Charter Campbell (in Roth IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
MS Charter Graham (in Roth IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
MS Emerging Markets Domestic Debt	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
MS Value Fund A	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Sunlife of Canada (insurance policy)	\$500,001 - \$1,000,000	INTEREST (from principal on premium)	\$5,001 - \$15,000	
US Savings Bonds	\$1,001 - \$15,000	None	NONE	
Van Kampen DJ Dividend Index	None	DIVIDENDS/CAP ITAL GAINS/ Non-Dividend Distribution	\$1,001 - \$2,500	S
Van Kampen EAFE Select	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
Van Kampen Multinational Index 22	\$1,001 - \$15,000	Other: Non-Dividend Distribution	\$201 - \$1,000	
Van Kampen Muni Invest SBI	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
Washington Mutual	\$50,001 - \$100,000	DIVIDENDS/CAP ITAL GAINS	\$5,001 - \$15,000	
Western Asset Managed Municipals Portfolio	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

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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, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Citigroup Cap XV	P	11/14/08	\$15,001 - \$50,000
	Eaton Vance Natl Muni Fund	S	11/13/08	\$50,001 - \$100,000
	Goldman Sachs Grp Inc. SRB	P	11/13/08	\$15,001 - \$50,000
	Morgan Stanley Cap Trust	P	11/14/08	\$15,001 - \$50,000
	Van Kampen DJ Dividend Index	S	7/1/08	\$1,001 - \$15,000
	Van Kampen EAFE Select	S(part)	7/1/08	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual Home Loans	Mortgage on 340 Shawmut, Warwick, RI	\$250,001 - \$500,000
	Washington Mutual Home Loans	Mortgage on 9 Jefferson, Warwick, RI	\$100,001 - \$250,000
	CitiMortgage	Mortgage on 25 Scott, Warwick, RI	\$100,001 - \$250,000
	Countrywide Home Loans	Mortgage on 17 Scott, Warwick, RI	\$50,001 - \$100,000
	Washington Trust (note: title is held by Dean Realty, with which I have no involvement - only the mortgage remains in my name. Therefore, the property is not listed in Schedule III.)	Mortgage on 170 Shannon, Warwick, RI	\$50,001 - \$100,000
	Washington Mutual Home Loans (note: title is held by Dean Realty but mortgage is in my name - property not listed on Schedule III.)	Mortgage on 82 Elmdale, Warwick, RI	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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 reimbursed or paid directly by the sponsor. 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Shipbuilding Association	December 1-5	Providence-Naples, FL- Providence	Y	Y	N	3 days