PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not If yes, complete and attach Schedule V. V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. 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? or exchange any reportable asset in a transaction exceeding 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. Name: **UNITED STATES HOUSE OF REPRESENTATIVES** If yes, complete and attach Schedule IV. If yes, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT reporting period? Report Type Status <u>र</u> DENNIS J. KUCINICA Annual (May 15) House of Representatives Member of the U.S. - ANSWER EACH District: State: _ OIKO Amendmen: 01# Yes Yes Yes 5 Yes Yes **OF THESE** (202) こと、- 587/ Daytime Telephone: <u>۲</u> Ş <u>2</u>0 No **** 8 **<** Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more period (worth more than \$335 from one source)? If yes, complete and attach Schedule VI. than \$335 and not otherwise exempt)? For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" response Employing Office Each question in this part must be answered and the Termination Form A Termination Date: HAND DELIVERED 30 days late. against anyone who files more than A \$200 penalty shall be assessed FRIELATIVE RESOURCE CENTER 2009 MAY 15 PM 12: 19 (Office Useromy) Yes Yes Yes Yes 7 Yes 7 Yes <u>₹</u> 8 <u>₹</u> <u>₹</u> S ٥ ۷ 7

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 <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed (<i>i.e.</i> , plans in which you have the power, <i>even if not exercised</i> , to select the specific investments).		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."	od ses	oth bec w	ify t	thar he is sold clud	met met the	hod hod onl	mar lus the lue	ed.	val port ause	ting ue,	w ∩ < □ =: =: w =: a	not allow you to chi investments, you may value of the assets include all other assets include indicate the type of inco- ing the appropriate Dividends and interest vested, should be listed Check "None" if asset a ate any income during of	allow ther the the the the the the the the	nts, nasse asse asse asse asse asse asse ass	you you ne do in a do in	may may of in of in oriat oriat tere lise lise lise asset uring	not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , 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.	약 See Di strict The	ments, you may ments, you may For all other ass indicate the cachecking the a Dividends and vested, should Check "None" if or generated.	you you the other of the other other of the	the the the san should be san should be should	app app d in	asy wine NA asy wine NA asy wine NA asy wine NA asy mine NA category of appropriate and interest, e and be listed " if no income	cluc y o stect	write INA for the transfer of	as e	ments, you may write two incorried ments, you may write two incorried 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.	ĭ 0 7 ≥ 5 0 0
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		> 8	n	D	Ш	т	٥	I		د	7	_	***			······································			ome or Farm Income)		=	≡	₹	<	≤	≦	IIIA	≂	×	×
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.		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 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Inco	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
SP SP Mega Corp. Stock DC, Examples: Simon & Schuster	ock ter	5	Indefinite	i i i i i i i i i i i i i i i i i i i	×									×			×		Royalties				×					×		
		_	_	_	_	×									×			_				_	_		×					

portion of an

If only a

See below for

(S) (partial)

as follows: please indicate asset is sold,

example.

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sales (S), or

purchases (P), asset had Indicate if the

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BLOCK E

exceeding exchanges (E)

\$1000 in reporting year.

For additional assets and unearned income, use next page.

(B) DIGITAL NEWS REAL IS A LICENSEL DE HANN HOLDING . STATUS: MACTIVE HANA HOLDING 15 MIRCHACTUAL PROPERTY INCOMPORATION

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SCHEDULE V— LIABILITIES

Name DENNIS J. KUCKNICH

Page 7 of 6

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

				JT OC SE)	
TH2	CONTO	AMER	Example:		-	
THRIFT SAVINGS PROGRAM	case. crapit work	AMERICAN EXPARSS	First Bank of Wilmington, Delaware	Creditor		
LOW	2000	cardit capp	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	B	
7	7	<		615.001	<u>ဂ</u>	
				\$100,000	ס	
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	<u> </u>			\$250,001- \$500,000	٦	unt of
				\$1,000,000	G	Amount of Liability
		<u> </u>	-	\$5,000,000	I	ity
-				\$5,000,001- \$25,000,000 \$25,000,001-	-	
-	<u> </u>		-	\$50,000,000 Over	_	
	<u>L</u>			\$50,000,000	<u> </u>	!

SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **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 Report the source, a brief description, and the value of all gifts totalling more than \$335 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

College	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
None		

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Page 5 of 6

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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 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—	Codging?	Food?	nily uded?	Number of days not at sponsor's expense
	Chinas Chambar of Cammaro	Maria		2	2	Z (1/N)	None
Examples:	Roveroff Corporation	A 6_11	DCi os AngelesClaveland	<	~	~	2 Davs
783C	WEBYER UNIV. ST. LOVE #0	1, how- s Awa	my 3 -my 1 CLEVELAND - ST.LOUIS . CLEVE.	~	z	~	NONE
Amer		Traffer	CHENTHY - DURBORN - CLEV	-<	≺	*	NONE
				1			
	i						

SCHEDULE VIII—POSITIONS

Name DENNIS J. KUCIVICH

Page 6 of 6

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,

zations); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

zanono), and positions sololy of an nonorary hardro.	onorally nature.
Position	Name of Organization
WEMBER	DIGITAL NEWS MEEL, LLC
PARTUEL	HANA HOLDING, CLC

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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
	NONE	

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