

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

Philip S. English
(Full Name)

202-225-5406
(Daytime Telephone)

006 MAY 13 PM 3:48
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: PA District: 03	<input type="checkbox"/> Officer Or Employee	Employing Office:	HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	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 \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input 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 \$305 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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.</p> <p>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.</p> <p>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.</p>		<p>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."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Merrill Lynch Cash Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	Merrill Lynch Cash Money Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Merrill Lynch IRA - N/A IRA			N/A	
SP	Bank Deposit w/in spouse IRA	\$1,001 - \$15,000	DIVIDENDS	N/A	
SP	Certificate of Deposit w/in spouse IRA	\$1,001 - \$15,000	INTEREST	N/A	
SP	Merrill Lynch Global Fund w/in spouse IRA	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	American Funds Capital Income Builder w/in spouse IRA	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	ML Basic Value Fund w/in spouse IRA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	ING Principal Protection Fund w/in spouse IRA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	ML Fundamental Growth w/in spouse IRA	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	N/A	
	Phil English Blind Trust The Philadelphia Trust Co., Trustee	\$100,001 - \$250,000	QUALIFIED BLIND TRUST/DIVIDENDS/CAPITAL GAINS/INTEREST	\$1,001 - \$2,500	

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$305 received by you, your spouse, or a dependent child from any source during the year. 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. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
David E. Barenfeld, Ellwood City, PA	Phil English Legal Expense Trust	\$2,000
Curtis H. Barnette, Bethlehem, PA	Phil English Legal Expense Trust	\$500
American College of Radiology Association, Reston, VA	Phil English Legal Expense Trust	\$2,500
Samuel P. Black, Erie PA	Phil English Legal Expense Trust	\$5,000
Harvey Childs, Greenville, PA	Phil English Legal Expense Trust	\$500
J.D. Crane, Erie, PA	Phil English Legal Expense Trust	\$5,000
Kevin H. Jones, Fombell, PA	Phil English Legal Expense Trust	\$5,000
Louis J. Porreco, Erie, PA	Phil English Legal Expense Trust	\$1,000
Genesis Healthcare Corporation, Kennett Square, PA	Phil English Legal Expense Trust	\$2,500
Triangle Tech, Inc., Pittsburgh, PA	Phil English Legal Expense Trust	\$2,000

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 \$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 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
Aspen Institute	May 29- June 3	DC-Munich, Germany- Ljubljana, Slovenia-DC	Y	Y	Y	4 days