No.	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No.	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not couse, or dependent child?	on standards on standards on standards	TRUSTS —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?
8	QUESTIONS	F THESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	swered and "Yes" respo	must be and ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S S	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.
S S	Yes	arrangement with	AX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	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.
8	Yes V	or before the date	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.	S S	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.
S.	Yes	d receive any n the reporting	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.	S	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.
No	Yes	receive any regating more	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.	No N	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 if yes, complete and attach Schedule I.
		i	E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER EACH C
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late.	Employing Office: Termination Date:		Filer Status Member of the U.S. State: State: Status House of Representatives District: SS Employee Report Annual (May 15) Amendment ALOCITUS Amendment ALOCITUS
77	(dince use only)), .d [C	(Daytime Telephone)		(Full Name)
<u>.</u>	PM 2: 34	2010 FFP - 1, PM 2: 34	12405-164-619	6	DUNCAN 1. HUNTER
	PERCHACK DESTER	11			8
9	JAN 2 1 2009	JA	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2008 Calendar Year Reporting Period

BLOCK A	
BLC	

Asset and/or Income Source

land, provide a complete address. Provide full Identify (a) each asset held for investment or production of income with a fair market value instruction booklet. Block A. For additional information, see of its activities, and its geographic location in traded, state the name of the business, the nature account and its value at the end of the reporting each asset in the account that exceeds the plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periperiod. For an active business that is not publicly not self-directed, name the institution holding the reporting threshold. For retirement plans that are provide the value and income information not exercised, to select the specific investments), (i.e., plans in which you have the power, even if names of stocks and mutual funds (do not use which generated more than \$200 in "unearned" louine during the year, for rental property of 2 >

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Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, Government retirement programs. interest in or income derived less in personal savings accounts; any financia from U.S

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 If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$250,001 -

NONE

DIVIDENDS RENT INTEREST

\$15,000

\$500,000

\$15,001 - \$50,000

\$500.001 - \$1.000.000

\$1,001 -

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|Examples

Simon & Schuster Mega Corp. Stock

Indefinite

ACRAS WARRAN 1st Bank of Paducah, KY Accounts

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BUNC LIKE

SP

NIFCU #1

NIFCU #2

NIFCUAS

Value of Asset OCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None."

BLOCK C

all other asse investments, y not allow yo retirement pla Check all co

ate any incom Check "None" vested, shoul Dividends an ing the app ndicate the ty

		-	<u> </u>	***********	**************************************	T	-	×	CAPITAL GAINS	BLOCI e of I yumns ans or you ma you ma you ma you ma he in to propria id be if if ass
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							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	e of Income liumns that apply. For ans or accounts that do but to choose specific you may write "NA." For als including all IRAs, pro of income by check propriate box belowed interest, even if reinid be listed as income. If asset did not generate during calendar year.
Х				\times	×				None –	오 성 모 : 유 및 공 공 공 공 공 공 공 공 공 공 공 공 공 공 공 공 공 공
		4				* *	3	7 X V	STREET, SECOND STREET,	BLOCK D 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, including all IRAs, indicate the category of income by checking the appropriate have halow Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
						1			\$201 - \$1,000 =	An ireme you you other the that ands inds
	¥	***	×		* * * * *	7 7 7		X	\$1,001 - \$2,500 ***	BLOCK D Amount of Income ment plans or accounts you to choose specific you may write "NA" for ther assets, including a the category of inco the appropriate have the and interest, even should be listed as i done" if no income was re-
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1 2 2 4 4 4 5 2 5 5 5 5 5 6 6 6 7						×	33.	4 4 4	\$5,001 - \$15,000	BLOCK D unt of Income plans or accounts that do to choose specific invest- ay write "NA" for income, seets, including all IRAs, category of income by appropriate hav helaw d interest, even if rein- Id be listed as income. If no income was received.
									\$15,001 − \$50,000 <u>≦</u>	of Income or accounts that do oose specific invest- ite "NA" for income including all IRAs, increasing the halow propriete have halow listed as income ncome was received
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		1 3				7			\$1,000,001 - \$5,000,000	that do converted income.
									Over \$5,000,000 ≚	do straine.
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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SCHEDIII F III-ASSETS AND "[INEARNED" INCOME

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																		סבי מין וח	BLOCK E Transaction	Pageof

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SCHEDULE V— LIABILITIES

Name Dy warm C. 14UNTRapage of

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

						Amou	int of	Amount of Liability	₹			
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JT ,	Creditor	Type of Liability	\$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 \$25,000,00 \$25,000,00	\$25,000,00 \$50,000,00 Over	\$50,000,00
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				×	_		ļ 		_	
	COWE FAD CREDIT UNION	CRUTT CAROS	X				<u> </u>					
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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	

SCHEDULE VIII—POSITIONS

Name DUWCHUS Ci 18UNTER Page of

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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

	B01	•		:
Position	BONGO MUMBER			
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	ACU			
Name of				
of Organization				

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

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