t. Yes No	EXEMPTION —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.	unearned" income, tran ou have first consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	EXEMPTION—Have they meet all three t
sts" need not Yes No	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	committee on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and cerbe disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—Details rebe disclosed. Have y
EACH OF THESE QUESTIONS	ANSWER	TRUST INFOR)F SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSION OF SPOUSE,
stion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part mu appropriate schedule attached	s No X	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes	V. Did you, your spouse, or a dependent or liability (more than \$10,000) during the reliability complete and attach Schedule V.
ngement with Yes No No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No D	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, your spouse, or a deper or exchange any reportable asset in \$1,000 during the reporting period? If yes, complete and attach Scheo
efore the date Yes No No	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 No O	III. Did you, your spouse, or a dependent child receive "unearned" recome 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.	III. Did you, your spo income of more than reportable asset wor If yes, complete and
e reporting Yes No No	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.	No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period? If yes, complete and attach Schedule II.	II. Did any individual lieu of paying you fo reporting period? If yes, complete an
ating more Yes No	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.		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, complete and attach Schedule I.	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
	E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER E	PRELIMINARY
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Member of the U.S. State: PA House of Representatives District: Amendment	Filer Status Status Preport Type
CONTROP ALSO DAME				
2009 MAY 15 PM 1: 59	ଦେ - ାମ ।ବ Daytime Telephone: ୮୮ 7 - ୩୫୭୭୭ ଅନ୍ତର	Daytime	odd R. Plath	Name:
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Page 2

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
Comm. of PA, State Employees' Retirement System	Lugistine Pension \$4,510	\$4510

For payments to charity in lieu of honoraria, use Schedule II.

Asset and/or Income Source

which generated more than \$200 in "unearned" exceeding \$1,000 at the end of the reporting periinstruction booklet. Block A. For additional information, of its activities, and its geographic location traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on plans (such as 401(k) plans) that are self directed land, provide a complete address. Provide full income during the year. For rental property or od, and (b) any other asset or sources of income duction of income with a fair market value Identify (a) each asset held for investment or pro*not exercised,* to select the specific investments), (i.e., plans in which you have the power, even if ticker symbols). For *all IRAs* and other retirement וומוווכם עו פועעתם מוזע ווועועמו ועוועם נעע זועו עסכ > please specify the method used.

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

dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or optional column on the far left If you so choose, you may indicate that an asset 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

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

Other Type of Income

Over \$50,000,000

NONE

RENT

×

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Royalties

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×

(partial)

×

DIVIDENDS

INTEREST

CAPITAL GAINS

Value of Asset BLOCK B

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

ate any income during calendar y

Check "None" if asset did not ge vested, should be listed as inco

Type of Income

BLOCK C

21.

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investments, you may write "NA retirement plans or accounts that do not allow voice. bidends and literest, con if all other assets including all II indicate the type of income by ch not allow you to choose spe

Amount of Income

For retirement plans or accounts that do BLOCK D BLOCK E

not allow you to choose specific invest-Indicate if the exchanges (E) asset had Transaction \$1000 in exceeding sales (S), or purchases (P) eporting year

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None						_			oʻ	오;;	ᇢ	유		Ж	=
\$1 - \$200						=			or generated	Check "None"	Dividends	checking	For all other assets, including all IRAs,	ments, you may write "NA" for income	2
\$201 – \$1,000						=			erate	بر الم	sbu	-	, of -	õ,	\$
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\$15,001 - \$50,000		_				≦				income	š	riate	: 2	ź	ď
\$50,001 - \$100,000						≦				no income was earned	\v		, di	사. 강	S
\$100,001 - \$1,000,000						×				as is	. š	box below.	all	3	=
\$1,000,001 - \$5,000,00	ю					×				s earned	₫.	belo	ÎŖ.	8	140
Over \$5,000,000						×				<u>e</u> :5	7	× 5	ृज	ē	7
m ÇO, m	example.	(S) (partial) See below for	as follows:	please indicate	asset is sold,	portion of an	If only a	reporting year.	\$1000 in	exceeding	exchanges (E)	sales (S), or	purchases (P),)	asser nad

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Examples:

Mega Corp. Stock Simon & Schuster

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CHENNIE III — AĞĞETĞ AND "INIEAENIED" INCOME

DC,

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SP,

Continuation Sheet (if needed) AFBA 53th Science+Tech. For Mornburg Value Asset and/or Income Source Hillianz NFJ Dividend Value Fuz Growth Fund of America BLOCK A 3 None œ \$1 - \$1,000 O \$1,001 - \$15,000 \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 മ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 __ \$5,000,001 - \$25,100,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 XXXX NONE メメメ DIVIDENDS RENT INTEREST of Income BLOCK C X Type **CAPITAL GAINS** EXCEPTED/BLINE TRUST Other Type of Income (Specify) XXXXX None X == \$1 - \$200 = < Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D < \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\bar{\mathbf{x}}$ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Transaction BLOCK E m ζo Ţo

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SCHEDULE IV— TRANSACTIONS

1000 X. T. T. T. T.

Fige 4

SP, DC, JT 20 stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions sold, please so indicate (i.e., "partial sale"). See example below. or your dependent child, or the purchase or sale of your persona dependent child during the reporting year of any real property, residence, unless it is rented out. If only a portion of an asset is Report any purchase, sale, or exchange by you, your spouse, or transaction. Do not report a transaction between you, your spouse, that resulted in a loss. Provide a brief description of any exchange T. Bus Frice Blue Chip Find Example: Mega Coporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type X × **SALE EXCHANGE** (MO/DAY/YR) 3-28-08 Bi-weekly, if Monthly, or applicable Quarterly, 10-12-08 Date \$1 001-\$15,000 W \$15,001-O \$50,000 \$51,001-\$11,0000 O Amount of Transaction \$1 00,001ш \$250,000 \$250,001 \$500,000 'n \$5)0,001-Ω \$1,000,000 \$1,000,001-I \$5 000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over ㅈ \$5),000,000

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