Yes No No	ndent child because al Conduct.	sactions, or liabilities of a spouse or dependent child because vith the Committee on Standards of Official Conduct.	I" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	EXEMPTION—Have you they meet all three tests
Yes No X	nd certain other "excepted trusts" need not child?	of Official Conduct and certain other "exopouse, or dependent child?	on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	TRUSTS—Details regarded be disclosed. Have you
UESTIONS	EACH OF THESE QUESTIONS	— ANSWER	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
wered and the "Yes" response.	art must be ans ached for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	× ×	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
Yes No	reportable agreement or arrangement with attach Schedule IX.	IX. Did you have any reportable agreement 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.	IV. Did you, your spouse, or a dependent or exchange any reportable asset in a tran \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	s on or before the date VIII.	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.	III. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 a lf yes, complete and attach Schedule III.
Yes No	it child receive any avel in the reporting source)?	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.	×	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.	II. Did any individual or organization make lieu of paying you for a speech, appearan- reporting period? If yes, complete and attach Schedule II.
Yes No X	t child receive any ., aggregating more	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.	S S	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 Yes	I. Did you or your spouse have "earned" ir fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	— ANSWER EACH	PRELIMINARY INFORMATION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.		e Employing Office: Termination Date:	Employee	House of Representatives District: 43 r A Annual (May 15)	Status Human
15 PM 3: 44 M	2019 HAY 15 PM 3: 44	eee	Daytime 1	Bh]
ED)	#AND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES

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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.	ts received under the Social Seci	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Rialto Unifice School District	Spare Salary	N/M

r enia	STRS - STATE RET.	GTE/ VLAIZON		Examples:	SP Sp Mena Corp. Stock	rick self-directed, name the institution motioning 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 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.	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 inettition holding the	
	*	× ×	×	Indefinite	×	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	A B C D E F G H I J K L	BLOCK B Value of Asset Indicate value of asset 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 during the reporting year and is included only because it generated income, the value should be "None."
			×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Inc	come)	Type of Income 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 IFAs, 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.
			×		×	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	- H H V V VI VI X X X X X X X X X X X X X X X	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 box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
					S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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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 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 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

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— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DCChicagoDC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	~	2 Days
UMW, Tot's whim	June 20-21	June 20-21 DC-Atlantic Lity NJ. DC	4	y	>	NONE
WALTER KATZ ISUNDATION SEPT 17- DC-NY-DC	Sept 17-	De-NY-Da	4	1	>	NONE
FRANKLIN CEMBE / HOBBAL Policy	NN.9-	Amoterson, the Hagus	7	2	4	NOME
UNITED STEEL WORKERS SUBJECT ONTHRIO-LES VEJES - ONTARIO	Just 1-	Ontario - Leo Vegas - Ontario	4	4	ac.	NONE