					$\mathcal{I}$		
	3/19/08		the	Barla	m g	de	I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.
	Date (Month, Day, Year)	Date			xting individual	Signature of Reporting Individual	Certification
n written ngly and	es, or who knowin	ble to any reque nd willfully falsifi )01).	Statement will be available to any requesting person upon written ividual who knowingly and willfully falsifies, or who knowingly and \$ 104 and 18 U.S.C. § 1001).	978, as amended. The Sta or its designee. Any individ (See 5 U.S.C. app. 4, § 10	nt Act of 1978, Conduct or its sanctions (See	s in Governmen ards of Official of and criminal s	This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any ind willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §
	ATED	AL AND D	RTING INDIVIDUAL AND DATED	THE REPO	SIGNED BY	MUST BE SI	CERTIFICATION — THIS DOCUMENT MU
N N	Yes 🔲	lependent child	abilities of a spouse or dependent child	, transactions, or liabil	arned" income	er assets, "unea	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption?
<b>№</b>	ns, <b>Yes</b>	excepted trusts (See Instruction	nduct and certain other "excepted trusts" e, or a dependent child? (See Instructions,	dards of Official Condung you, your spouse, c	ittee on Stanc trust benefitir	d by the Commetails of such a	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Coneed not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spous page 8.)
ัง	QUESTION	OF THESE	NSWER EACH OF THESE QUESTIONS	   A	TINFORM	OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT,
	response.	each "Yes"	edule attached for each "Yes" response.	appropriate sched	and the ap	answered	Each question in this part must be
<b>№</b>	Yes	\$5,000 from	compensation of more than \$5,000 from the two prior years?  d attach Schedule VI.	VI. Did you receive com a single source in the two	8	Yes	III. 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 III.
No No	Yes	rrangement	reportable agreement or arrangement /? d attach Schedule V.	V. Did you have any reportable agreemen with an outside entity?  If yes, complete and attach Schedule V.	8	Yes	II. 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 II.
Š	Yes 🗹	before the date or two years?	any reportable positions on or before the date rrent calendar year or in the prior two years? and attach Schedule IV.	IV. Did you hold any report filing in the current call yes, complete and at	No U	Yes 🗸	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.
				EACH OF THESE QUESTIONS	OF THES		In all sections, please type or print clearly in black ink.  PRELIMINARY INFORMATION — ANSWER
	ys late.	than 30 days late				Office:	employee Employing Office:
assessed les more	A \$200 penalty shall be assessed against anybody who files more	A \$200 per against an	Check if Amendment	4-22-208	Date of Election:	PA	Filer Candidate for the State: House of Representatives District: Status New officer or
	(Office Use Only)	DE !		Daytime Telephone:		(Mailing Address)	(M
- TVES	U.S. HOUSE OF THE CLICK WEST NOTICE RECENTATIVES	U.S. Haus	459-4910	570-	PA 18201	(Full Name)	1529 Terrace Blud, HA
19	2008 MAR 24 AM 10: 19	2000 H				<b>-</b>	Louis J. Barletta
ENIES	legislative resource center	LEGISL A	y candidates employees	and new em		2008	Period Covered: January 1, 2007- February 22,
B	HAND DELIVERED	HAND	18			ES	ATES HOUSE

## SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Louis J. Barketa

Page 2 of 10

ist the s 200 or I st only t	ist the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling 200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; st only the source for other spouse earned income exceeding \$1,000.	any source (other than your curr ceding calendar year. For a spo	ent employment by the U.S use, list the source and am	. Government) totaling ount of any honoraria;
	Control of control for Language	Tunn	Amount	unt
ı	Conice (include date of receipt for nonoralia)	lype	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, Texas	Salary	\$6.300	\$28,450
vamalas:		Director's Fee	\$400	\$3,200
Activities.		Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
P 67%	"ity of HAZleton, Pennsylvania	Salary	\$ 15,672	\$ 59. 618
Bosto	Boston University	Honorarium	- 0 -	2,000

Intervational Business Machines CORP (IRA)	<b>%</b>	beneral Electric Company (IRA)	Bristol Myers Squibb, co	Eucogreen Money Market Fund, CIASS S (IRA)	SI HAZICEON, 199	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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 interests 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.	IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.	Asset and/or Income Source 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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an
X	*	X	*	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H	BLOCK B  Value of Asset  at close of reporting period. 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 generated income, the value should be "None."
X		*	*	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership	n Income or Farm Income)	BLOCK C  Type of Income Indicate type of income earned. Check all columns that apply. Check "None" if the asset did not earn any income during the reporting period.
×	× ×	*	× ×	× ×	×		X	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$15,000 \$100,001-\$1,000,000  None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$201-\$1,000 \$1,001-\$2,500 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$15,001-\$15,000 \$15,001-\$15,000 \$15,001-\$15,000 \$15,001-\$15,000 \$15,001-\$15,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Qver\$5,000,000	Current Year  Preceding Year	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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if the asset did not earn any income during a reporting year; do not leave blank.

SCHEDULE II ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)			Name Louis 3. Parice
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
		Ī	Current Year
	50,000 00,000 5250,000 5500,000 61,000,000 - \$5,000,000 - \$25,000,000 - \$50,000,000	BLIND TRUS	0
	None \$1 - \$1,000 \$1,001 - \$15,0 \$15,001 - \$50, \$50,001 - \$100,001 - \$25,000,001 - \$1,000,001,000 - \$1,000,001 - \$1,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BL Other Type of I (Specify)	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,00 \$100,001-\$1,000 \$1,000,001-\$5,00 Over\$5,000,000
Johnson & Johnson (IRA)	X	×	X
50 Morgan chase +	×	*	×
Merck & Co. INC	><	24	×
Microsoft CORP (JAA)	χ	74	*
Schering Ploush Corp (IRA)	X	X	×
WAL-Mart Stores,	*	*	*
Growth FD CL & (IRA)	X	X	X
Calamos Inve TR Mew High Yield FD CL B (IRA)	><	×	*
o Fun	X	*	X
FATO Rute High Income (IRA)	X	×	γ
Fund & Boston (IRA)	×	×	X
Adr.	~	>	*
Davis New YORK Venture Fund CL B ( TRA)	<b>X</b>	X	>
Emerging MKTS BOFF CL B	*	*	*

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	)ME	Name Louis J. Barictta
BLOCKA	вгоскв	BLOCK C	вгоск в
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		ī	Current Year
JT,	Jone 11 - \$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 25,000,001 - \$50,000,000 Over \$50,000,000	IONE DIVIDENDS RENT NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS Other Type of Income (Specify)	one
PIMO FO ARC INVI MONT All ASSEE FO CL B (IRA)	×	X	X
TH Inde Asset Allec Moderate browth forte ch A	*	*	×
SP Lifebury 841. Gram. Par.		×	X
SP Mursia Zist Contury Fund	*	X	X
SP FAS // Value Fund cines C	X	X	X
SP Divisional income found CLC (48)	X	×	
SP Dickey High Return Lawing Fried CL C (IRA)	X	Х	X
SP Direction Fund class c	Χ	×	X
SP SMALL CAP FO CL C (TRA)	X	><	
SP GOWANTO CLB (IRA)	χ	X X	X
SP High Y'LL FD CL B (IRA)	X	X	*
SP CALAMOS Blue chip Fund	X	X	X
ST TO POSE HIS TROUMS	Y	X X	X
SP Fund CL B (IRA)	X	X	<i>X</i>

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Louis J. Barlett

Page 6 of 10

Y T	77	Y	4-	41	77	37	37	7.7	4	4	75	Şρ	35	SP, SP, DC		
Tshores Trust Russell Midemp Growth inder Fund	with In	18 to Value Index Fund	Enersy Sruba SADA Trust Shuras	3M CO.	Procter & Gamble Co.	Microsoft Corp	bennal Elatric Co	benentech, Inc.	Cisco Systems, Inc	RMA MONEY MKT. PORTFOLZO	AA JOEX Asset Alloc Moderate Growth Port CIA	ASMT All Asset FO CLB(IM)	PIMCO EMMESINS MKTS EMCISINS MKTS OF FOCE		Asset and/or Income Source	BLOCK A
*	×	×	X	×	2<	Χ	X	×	*	><	*	*	X	None	Value of Asset	ВГОСК В
×	×	X	× ×	*	*	×	*	*	×	*	X	×	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify)	Type of Income	BLOCK C
×	><	×	×	× ×	× × ×	×	×	<b>X</b>	*	*	X	X	X	None	Amount of Income	BLOCK D

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Louis J. Barketa

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DC	de	DC	Ac	8	8	8	Δe	8	Oc	8	<b>7</b> 7	54	57	SP, JT, DC			:
Columbia Founds SER TR. List Shoul Galowed Grouth Partfolia CLC	Van Kampen Edwity TR SMALL CAP VALUE FD CLC	Crowth Fund et C	MRS SER Trast X JUTL Diversifications famol ed C	SER TRXA		idied income f	Notaware Large CAP  Walne FO CL C	Davis New YORK Vernaux Fund Inc. CLC	Columbia Funds SER TR Marsico 2/32 Cendury Fund CL	Columbia Funds SERTR Lifestobal Balanced Growth PARTFOLIO CLC	PNC BANK, WA Checking  - Money Market Accounts	Seneca UY PA Sch Dist F63C BIE	JANARES MSCI EAFE			Asset and/or Income Source	BLOCK A
X	×	*	×	×	*	×	×	*	*	*	×	×	×	\$1 - \$1,000	P	Value of Asset	вгоск в
×	×	×	*	×	×	×	×	×	×	X	×	×	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify)		Type of Income	вгоск с
×	*	*	×	×	×	×	× ×	× × ×	×	× ×	×	×	×	\$100,001 - \$1,000,000 \times \$1,000,001 - \$5,000,000 \times Over \$5,000,000 \times None - \$1-\$200 = \$201 - \$1,000 \times \$1,001 - \$2,500 \times \$2,501 - \$5,000 \times \$5,001 - \$15,000 \times	Current Vear Preceding Year	Amount of Income	BLOCK D

Continuation Sheet (if needed)

Name Louis J. Barletta

Page 8 of 10

Asset and/or income   Source   Amount of Income   Amount of Income				De	3	De	DC	De	Δc	De	00	δc	SP, JT, DC		
	Low Borket			CAN	Growth Fund CIRSS	Series Trast X fixed ian Fund Ch	K B	DWS Value Series Inc. Daraw High Return Eduity Fund CIAss C	Delaware Pooled TR Diversified income FB CLC	Fund C.L. C	Ine Ch C	Funds SER		Asset and/or Income Source	BLOCK A
		×	×	×	×	×	*	<i>x</i>	×	×	×	X	\$1 - \$1,000	Value of Asset	BLOCK B
X   X   X   X   X   X   X   X   X   X	× .	×	X										DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	Type of Income	BLOCK C
\$1,001 - \$2,500 < 8 0			×	×					×				\$1-\$200 = \$201 - \$1,000 \( \frac{\pi}{2} \) \$1,001 - \$2,500 \( \frac{\pi}{2} \) \$2,501 - \$5,000 \( \frac{\pi}{2} \) \$5,001 - \$15,000 \( \frac{\pi}{2} \) \$15,001 - \$100,000 \( \frac{\pi}{2} \) \$100,001 - \$100,000 \( \frac{\pi}{2} \) \$100,001 - \$5,000,000 \( \frac{\pi}{2} \) \$1,000,001 - \$5,000,000 \( \frac{\pi}{2} \) Over \$5,000,000 \( \frac{\pi}{2} \) None \( - \frac{\pi}{2} \) \$201 - \$1,000 \( \frac{\pi}{2} \)	Amount of Income	BLOCK D

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#### SCHEDULE III — LIABILITIES

Name Louis J. Bark tta

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automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., *credit cards*) only if the balance at the close of the previous 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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by

37	77		JT ,	S D	
IT FIRST Mational Bank, Harrishus, PA	Wachoura Bank, NA. StAtesville, NC	Example:   First Bank of Wilmington, Delaware	Creditor		
Line & Credit, Secured by 322 Rocks	Mortonse on 322 Rockt RD, HARKHA, PA	Mortgage on 123 Main Street, Dover, Del.	Type of Liability		
			\$10,001 \$15,000	В	
			\$15,001— \$50,000	ဂ	
			\$50,001— \$100,000	ם	
×	×	×	\$100,001— \$250,000	П	Amo
			\$250,001— \$500,000	-m	탉
_			\$500,001— \$1,000,000	១	Amount of Liability
			\$1,000,001— \$5,000,000 \$5,000,001—	I	Ž
			\$25,000,001— \$25,000,000 \$25,000,001—	<u>-</u>	
		ļ.	\$50,000,001 \$50,000,000	_	
		L	\$50,000,000		

#### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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

!	
Position	Name of Organization
Member	Advisory Board - Luzeine Loundy Community Lourge
Member	Northeast Bistoict - Pennsylvania League & Cities and Municipalities
Member	National Board & Addisors - Federation for American Immigration Reform
Member	Advisory Committee on Catholic Oudreach - National Republican Committee
Member	Legislative Committee - Pennsylvania League & Cities and Municipalities

Use additional sheets if more space is required

#### SCHEDULE V—AGREEMENTS

Name Louis Barletta

Page 10 of 10

Date Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; efft plan maintained by a former employer.
Terms of Agreement	angement with respect to: future employment; a leave of absence during the period of government ployer other than the U.S. Government; or continuing participation in an employee welfare or ben-

_		 			_
					Date
					Parties To
					Terms of Agreement
			·		nent
				ı	

# SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Common (Miners and Address)	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2007

33-428 (mac)