| <u>\$</u> | Yes | child because | sactions, or liabilities of a spouse or dependent c | r income, trans | 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? |
|---|--------------------------|-----------------------------------|--|------------------------|---|
| 2 | Yes | trusts" need not | of Official Conduct and certain other "excepted toouse, or dependent child? | on standards | 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? |
| <i>(</i>) | UESTIONS | F THESE Q | MATION — ANSWER EACH OF THESE QUESTIONS | T INFORI | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION |
| the)nse. | wered and 'Yes" respo | must be ans | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | N _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. |
| <u>\$</u> | Yes | arrangement with | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | <u>8</u> | 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. |
| \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | Yes | 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. | | 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 | receive any 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 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. |
| 8 | 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. | § \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, complete and attach Schedule I. |
| | | | E QUESTIONS | OF THESE | PRELIMINARY INFORMATION - ANSWER EACH |
| O o man | Te wire migs n | 30 days late. | Termination Date: | | Report Annual (May 15) Amendment |
| ssessed | ity shall be a | A \$200 penalty shall be assessed | Employing Office: | Officer or Employee | Status House of Representatives District: 1014 |
| Me | (Office Use Only) | | (Daytime Telephone) | | (Full Name) |
| , <u>4</u> , | | 2008 MAY 15 PM | | | † - |
| RED | HAND DELIVERED | E8/5) . 61 | Form A For use by Members, officers, and employees | | UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period |
| | | : | | | |

| | | プログ りょうかい コープ | Ī | 1 | | | | |
|--|--------------------|--|-------------------------------|---|--|---|---|---------------------------------|
| BLOCK A | - | вгоск в | _ | BLOCK C | | BLOCK D | ΧD | BLOCK E |
| Asset and/or Income Source | | Value of Asset | | Type of Income | ne | Amount of Income | if Income | Transaction |
| 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 peri- | Indicate reporting | of asset at | close of Che valuation not | Check all columns that retirement plans or account allow you to choo | that apply. For accounts that do choose specific | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. | or accounts that do ose specific invest- | asset had |
| exceeding a look of the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or | | than fair mark the method use | value, | investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by check- | ite "NA." For lig all IRAs, | Intellist, you may write two for income, from all other assets, including all IRAs indicate the category of income by checking the appropriate box below. | ssets, <i>including all IRAs</i> , category of income by appropriate box below. | purchases (P), sales (S), or |
| rovide a complete address. Provide 1 | | If an asset was sold during the reporting | | indicate the type of income by check- ing the appropriate box below. | box below. | ء م <u>ت</u> | interest, even if rein- | exchanges (E) |
| ticker symbols). For all IRAs and other retirement | | is included only because | | vested, should be listed as income | as income. | Check "None" if no income was received | | exceeding |
| 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). | | generated income, the value should be "None." | | Check "None" if asset dic ate any income during cal | t did not gener- g calendar year. | | | \$1000 in reporting year. |
| not exercised, to select the specific investment provide the value and income information | _ | | | | | | | |
| each asset in the account that exceeds t | | | | | ne) | | | If only a |
| reporting threshold. For retirement plans that are not self-directed, name the institution holding the | A B | D E F G H I | | | Incom | = | VII | portion of an |
| 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 natural | | | | | Farm | | | asset is sold, please indicate |
| nd its geographic locatio litional information, see | the | | | | ncome o | | | as follows: (S) (partial) |
| Exclide: Your personal residence(s) (inless | | | | | hip Ir | | | See below for |
| there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, | d 9 | 000 | | RUST | | | | example. |
| parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial |) | ,000 ,000 ,000,00 | 50,00 | | | n | 00 00,0 00,0 | U |
| interest in or income derived from U.S. Government retirement programs. | 15,000 | \$50,00 \$100,0 \$250 \$500 \$1,00 - \$5, | - \$2! 1 - \$! 00,00 | | of Inc | 000 2,500 5,000 | \$50,0 \$100, - \$1,0 - \$5 | ς ν : |
| If you so choose, you may indicate that an asset | ,000 – \$1 | 1 - \$ 01 - 01 - 01 - | 0,00 5 0,0 (| EST AL G | | \$1,0 - \$2 - \$5 | 1 - 9 1 - 9 01 - | m |
| or income source is that of your spouse (SP) or dependent child (IDC) or is jointly held (IT) in the | ne - \$1, | 0,001 0,00 0,00 0,00 | ,000 er \$5 NE | ERE PITA | | - \$2 01 - : 001 - 501 - | 5,001 5,001 50,00 000,0 | |
| optional column on the far left. | No \$1 - | \$50 \$10 \$25 \$50 \$1,6 | \$25 Ove NO | INT CAL | | \$20 \$1 , \$2, | \$15 \$50 \$10 \$1, | |
| SP, SP Mega Corp. Stock | | × | | × | | × | | S (partial) |
| 7 | Indefinite | | | | Royatties | | × | |
| | Ø | × | | × | | × | | |
| AMERICAN CHOMPIAN LODGE | <u> </u> | | | * | | \ | | |
| Third federal sal | <u> </u> | | | • | | < | | |
| CONT. FID. CREDIT UNION | < | | | | | < | | |
| | | | | | | < | | |
| HADE HOUSE OF CAS | - - | | | | | | | |
| DIGITAL DEWS PLEL WE (B) | B. | <u> </u> | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| | | | | | | | | |

SCHEDULE V— LIABILITIES

Name DENNIS J. KUCHHA

Page 4 of

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

| | | | | | JT DC X |) | | |
|-----|------------------------|--------------------|------------------|---------------------------------------|--|-----|---------------------|--|
| | 王 | S. | ANS | Example: | | | | |
| | THAT'S SALICES PROGRAM | CONG. CLEDIT UNION | AMERICAN EXPIRES | First Bank of Wilmington, Delaware | Creditor | | | |
| | Caro | COAN | cashit cano | Mortgage on 123 Main St., Dover, Del. | Type of Liability | | | |
| | | | | | \$1,001- \$15,000 | 8 | | |
| | 5 | 1 | ~ | | \$15,001- \$50,000 | ဂ | | |
| | | | | | \$50,001- \$100,000 | ם | | |
| | | | <u></u> | × | \$100,001- \$250,000 \$250,001- | Ш | Amou | |
| | | | | | \$500,000 \$500,001- | 77 | nt of L | |
| | | | | _ | \$1,000,000 \$1,000,001- | 1 D | Amount of Liability | |
| | | - | | - | \$5,000,000 \$5,000,001- | H . | y | |
| | | | | _ | \$25,000,000 \$25,000,001 \$50,000,000 | -, | | |
| 1—— | <u> </u> | | 1 | | Over | | | |

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.

| Source | Description | Value |
|---|--|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | \$325 |
| None | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE VIII—POSITIONS

Name DENNIS J. PUCINICH

Page S of S

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 1; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

| | | PARTNER | MEMBER | Position |
|--|--|-------------------|------------------------|----------------------|
| | | HAUX HOLDING, LLC | DIGITAL NEWS REEL, LLC | Name 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