— m	7	EXCL	lf y	V. Did	If y	V. Pid	II. mo		II. you	нy	l. Did	PREL	Report Type	Filer Status	: 			CALE
Exemptions	Trusts	EXCLUSION OF SPOUSE, DEPENDENT, OR	If yes, complete and attach Schedule 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 IV	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	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.	n jes, comprete and attach sociedate in	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 use commiste and attach Schodule II	If yes, complete and attach Schedule 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?	PRELIMINARY INFORMATION	ort (	er				UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT
	De tru chi	VOF S	ete and a	spouse, or during the	ete and a	spouse, or et in a tran	0 in the rep 00 at the e lete and a	יייייייייייייייייייייייייייייייייייייי	inal or orgi ch, appear	ete and a	ır spouse h ıny source	RY IN	Anı	Wer Ho∟			ļ	STATE
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	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?	POUS	ıttach Sci	a depende reporting p	ittach Sci	dependent saction ex-	orting per and of the p attach Sci	a denende	anization n ance, or ar	ttach Sc	in the repo	FORM.	Annual (May 15)	Member of the U.S. House of Representatives	   	The Ho		ES HC
Have you excluded from this rebecause they meet all three tes	rding "Qı I not be d	E, DEI	nedule V.	nt child ha eriod?	nedule IV	ceeding \$1	iod or hold eriod? nedule III.	nt child re	nake a don ticle in the	redule I.	d" income orting perio	ATION	ау 15)	the U.S. epresen		The Honorable Alcee Lamar Hastings		NCIAL
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earned" answer "	regarding "Qualified Blind Trusts" approved by the Committee on Standards of Officeed not be disclosed. Have you excluded from this report details of such a trust b	FORN		N <sub>O</sub>	į	8 3	S o		<b>₹</b>		<b>8</b> <b>⟨</b>	THESE QUESTIONS	Termination					VES
income, t 'yes" unic	ittee on S t details	IATION	s	m	=	Σ <u>α</u> D	¥ا. ا: و	<b>9</b> =	≦ # # # ₽ ₽	i i e	VI. th	QUES	ation	Officer Or Employee				
ransactio ss you h	tandards of such a	- AN	schedule attac	Each question	If yes, complete a	Did you have entity?	current calendar year? If yes, complete and	Did you hold any ren	Did you, your spous reimbursements for from one source)? If was complete a	exempt)? If yes, complete a	Did you, your spous the reporting period	TIONS	Tern	/ee				FORM A For use by Mem
ns, or lia ave first (	of Offici	SWEF			plete and	any repoi	ndar year? plete and	any repor	r spouse, ents for tra		r spouse, o period (i.		Termination Date:	Em				FORM A e by Memb
iabilities of a spouse or dependent t consulted with the Committee on	al Condu nefiting y	₹ EAC	hed for each "Yes" response	n this p	nd attach Schedule IX	rtable agre	nd attach Schedule VIII	table posi	s, or a dependent child rec travel in the reporting peri nd attach Schedule VII	nd attach Schedule VI	or a depen e., aggrega		Date:	Employing Office	(Dayt	202		Page 1 of 3 bers, officers, and employees
f a spous	ct and ce	H OF	ach "Y	art mus	chedule	ement or a	chedule	tions on or	dent child reporting p	chedule	dent child ating more			Office:	(Daytime Telephone)	202-225-1313		cers, an
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endent ch tee on	cial Conduct and certain other "excepted enefiting you, your spouse, or dependent	QUE	ponse.	lswered	İ	Did you have any reportable agreement or arrangement with an outside entity?		Did you hold any reportable positions on or before the date of filling in the	s, or a dependent child receive any reportable travel travel in the reporting period (worth more than \$335 and affach Schedule VII.		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			<u>"</u> 7		2	- i	of 3
	"	TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	ı	in this part must be answered and the appropriate		outside	   	ing in the	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 commiste and attach Schedule VII.		le gift in herwise		more t	A \$200 be ass	(Office Use Only)	10 M × V	HIGSLATIVE RESOURCE DIAG	₹
<b>Yes</b>	Yes []	S	:	e appro		Yes	Yes		¥gs		Yes ]		more than 30 days late.	A \$200 penalty shall be assessed against anyone who files	ice Use	ر م	BESOUR	
<b>8</b>	No K			priate	  - 	N N	No K		No K		No C		days	A \$200 penalty shall be assessed against anyone who files	Only)	သ	on On On	HAND DELIVE
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Wright Patman Congressional Federal Credit Union	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.	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 interest in or income derived from U.S. Government retirement programs.	its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	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	in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account	in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset	mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans	land, provide a complete address. Provide full names of stocks and	and (b) any other assets or sources of income which generated more	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,	Asset and/or Income Source	BLOCK A
\$1,0		<u>.</u>		the valu	includ	metho asset	pleas	valua	at clo	Val		
\$1,001 - \$15,000 INTEREST				the value should be "None."	included only because it is generated income,	method used. If an asset was sold and is	than fair market value, please specify the	valuation method other	at close of reporting	Value of Asset	Year-End	BLOCK B
INTEREST			Check "None" if asset did not generate any income during the calendar year.	even if reinvested, should be listed as income.	appropriate box below.  Dividends and Interest,	IRAs, indicate the type of income by checking the	other assets including all	specific investments, you	plans or accounts that do	Check all columns that apply. For retirement	Type of Income	вгоск с
\$1 - \$200			earned or generated.	listed as income. Check "None" if no income was	Dividends and interest, even if reinvested, should be	of income by checking the appropriate box below.	iRAs, indicate the category	"NA" for income. For all	you to choose specific	For retirement plans or accounts that do not allow	Amount of Income	BLOCK D
							reporting year.	exceeding	(P), sales (S), or exchanges (E)	Indicate if asset had purchases	Transaction	BLOCK E

## **SCHEDULE V - LIABILITIES**

Name The Honorable Alcee Lamar Hastings

Page 3 of 3

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 all or part of it is rented out); loans secured by 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 preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Robert Catz	Legal Fees	\$500,001 - \$1,000,000
	Terrance Anderson	Legal Fees	\$1,000,001 - \$5,000,000
	Patricia Williams	Legal Fees	\$500,001 - \$1,000,000
	Karr and McClan	Legal Fees	\$100,001 - \$250,000
\	Mark McDonald	Legal Fees	\$15,001 - \$50,000
	Lewis Meyers	Legal Fees	\$15,001 - \$50,000