	Yes No 🗸	dependent child nmittee on	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.	come, transactions s" unless you have	ets, "unearned" inc Do not answer "ye	n this report any other assinge tests for exemption?		Exemptions
	Yes No 🗸	other "excepted se, or dependent	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?	ee on Standards of letails of such a tru	d by the Committe from this report of	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Offitrusts" need not be disclosed. Have you excluded from this report details of such a trust b child?		Trusts-
	SNC	SE QUESTI	WER EACH OF THESE QUESTIONS	TION ANSWE	ST INFORMATION	ENDENT, OR TRUST	EXCLUSION OF SPOUSE, DEPENDENT,	EXCLUSI
		response.	ttached for each "Yes" response	schedule attac			If yes, complete and attach Schedule V.	If yes, cor
	the appropriate	answered and	lion in this part must be answered and the appropriate	Each question	Yes No 🗸		Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. than \$10,00
		· 	If yes, complete and attach Schedule IX.	If yes, comple			If yes, complete and attach Schedule IV.	If yes, cor
	Yes No	ement with an outsid	Did you have any reportable agreement or arrangement with an outside entity?	Did you have an IX. entity?	Yes 🗸 No 🗌	лy	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	IV. reportable
	:	!	If yes, complete and attach Schedule VIII.	If yes, comple			more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	more than
	Yes V No	e the date of filing in	Did you hold any reportable positions on or before the date of filing in the current calendar year?	Did you hold any report VIII. current calendar year?	Yes 🗸 No		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	Ill. more than
			If yes, complete and attach Schedule VII.	If yes, comple			If yes, complete and attach Schedule II.	If yes, co
	s Yes No	e any reportable trav (worth more than \$3	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)?	Did you, your spou VII. reimbursements fo from one source)?	Yes No 🗸	lieu of paying	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?	Did any inc
			te and attach Schedule VI.	If yes, complete ar	:		If yes, complete and attach Schedule I.	If yes, cor
	n Yes No	e any reportable gift \$335 and not otherwi	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$35 and not otherwise exempt)?	VI. the reporting pe exempt)?	Yes 🗸 No 🗌	g., salaries or fees) of \$200	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or l. or more fro
				UESTIONS	OF THESE QUESTIONS	- ANSWER EACH	PRELIMINARY INFORMATION ANSWER EACH	PRELIMIN
	more than 30 days late.	mor late.	ation Date:	Terminatio	☐ Termination	☐ Amendment	Annual (May 15)	Report Type
8	A \$200 penalty shall he assessed against anyone who files	A \$	Employing Office:	Officer Or Employee		State:	✓ Member of the U.S. House of Representatives	Filer
	(Office Use Only)		(Daytime Telephone)			(Full Name)	(Fι	
	2009 MAY 13 PH 5: 19 JU	200	202-225-6565			TED POE	TE	
•	Folst ATOVE RESOURCE OF (Sign						
黑	HAND DELIVERE		bers, officers, and	FORM A For use by Mem	ATIVES	JE REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALENDAP

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SCHEDULE I - EARNED INCOME

Name TED POE

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

* 1,000.		
Source	Туре	Amount
HARRIS COUNTY, TEXAS	RETIREMENT PENSION	\$75,833.26
TEXAS COUNTY AND DISTRICT RETIREMENT SYSTEM	RETIREMENT PENSION	\$57,229.08
HUMBLE INDEPENDENT SCHOOL DISTRICT	SPOUSE SALARY	N/A

TOOL O MIND
- ASSETS AND UNEARNED INCOM
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SP in the optional column on the far left. 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), Government retirement programs. savings accounts; any financial interest in or income derived from U.S parent or sibling; any deposits totaling \$5,000 or less in personal 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, and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement in which you have the power, even if not exercised, to select the specific reurement plans (such as 401(K) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, that is not publicly traded, state the name of the business, the nature of investments), provide the value and income information on each asset land, provide a complete address. Provide full names of stocks and Identify (a) each asset held for investment or production of income with information, see the instruction booklet. its activities, and its geographic location in Block A. For additional Asset and/or Income Source FRANKLIN FEDERAL INCOME MARLIN OIL CORP FT TARGET TRIAD HARRIS COUNTY FCU CONGRESSIONAL FCU (CDS) ESTATE TRUST INLAND AMERICAN REAL Ē None \$1,001 - \$15,000 INTEREST at close of reporting \$1,001 - \$15,000 DIVIDENDS \$1,001 - \$15,000 DIVIDENDS \$1,001 - \$15,000 DIVIDENDS \$15,001 than fair market value, year. If you use a \$50,000 please specify the valuation method other the value should be it is generated income, asset was sold and is included only because Value of Asset Year-End Name TED POE **BLOCK B** may write "NA". For all None even if reinvested, should specific investments, you Check all columns that DIVIDENDS during the calendar year not generate any income Check "None" if asset did be listed as income. Dividends and Interest, appropriate box below. income by checking the RAs, indicate the type of other assets including all not allow you to choose plans or accounts that do apply. For retirement Type of Income BLOCK C NONE \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 earned or generated. appropriate box below. of income by checking the IRAs, indicate the category \$201 - \$1,000 if reinvested, should be Dividends and interest, even Other seeste, including all you to choose specific For retirement plans or "None" if no income was listed as income. Check "NA" for income. For all investments, you may write accounts that do not allow Amount of Income BLOCKD exceeding reporting year. 11,223 exchanges (E) (P), sales (S), or had purchases Transaction ndicate if asset BLOCKE Page 3 of 7

	CHEDULE III - ASSETS AND "UNEAKNED" INCUME	Name TED POE			Page 4 of 7
	FRANKLIN HIGH YIELD CLASS C	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$1 - \$200	
	IVY FUND ASSET STRATEGY	\$1,001 - \$15,000	\$1,001 - \$15,000 DIVIDENDS/CAPI \$1 - \$200 TAL GAINS	\$1 - \$200	
	MORGAN KEEGAN GENERAL	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$1 - \$200	ì

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SCHEDULE IV - TRAINSACTIONS
Name
le TED

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transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

SP, DC, JT	Accet	Type of	Date	Amount of Transaction
Sp	MORNINGSTAR ADP-THIS ASSET WAS ROLLED OVER TO INLAND AMERICAN REAL ESTATE TRUST	Other	11-30-08	\$1,001 - \$15,000
SP	INLAND AMERICAN REAL ESTATE TRUST	ס	11-30-08	\$1,001 - \$15,000
-	FT TARGET TRIAD	יס !	06-26-08	\$1,001 - \$15,000
	FRANKLIN FEDERAL INCOME		07-07-08 AND 12- \$1,001 - \$15,000 12-08	\$1,001 - \$15,000
	FRANKLIN FEDERAL HIGH YIELD CLASS C		07-07-08 AND 12- \$1,001 - \$15,000 12-08	\$1,001 - \$15,000
	IVY FUND ASSET STRATEGY	ָּטּ	08-05-08 AND 12- \$1,001 - \$15,000 12-08	\$1,001 - \$15,000

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Name TED POE

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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 your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you,

		Point of Departure-	Lodging?	Food?	Was a Family g? Food? Member Included?	Days not at sponsor's
Source	Date(s)	DestinationPoint of Return	(Y/N)	(Y/N)	(Y/N)	expense
CALIFORNIA HOMICIDE INVESTIGATORS ASSOCIATION	March 5-7	DC-LAS VEGAS-DC	Υ	~	Z	NONE
HUMPTY DUMPTY INSTITUTE AND THE UNITED NATIONS FOUNDATION	May 8-9	DC-NY	~	≺ .	Z	1 DAY
CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION	July 7-8	HOUSTON-SAN DIEGO- HOUSTON	≺ -	≺ :	Z	NONE
THE NATIONAL ASSOCIATION OF ATTORNEYS GENERAL	June 18-19	DC-PROVIDENCE-DC	~	· ~	Z	NONE
ENTERPRISE PRODUCTS PARTNERS	Oct 14	NEW ORLEANS	Z	~	Z	NONE
WICHITA CRIME COMMISSION	Nov 13-14	HOUSTON-WICHITA- HOUSTON	~	→	Z	NONE

Name TED POE

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representative, employee, or consultant of any corporation, firm, partnership, or any 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 Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

honorary nature; and positions listed on Schedule I.	
Position	Name of Organization
BOARD MEMBER	NATIONAL CHILDRENS ALLIANCE
BOARD MEMBER	CHILDRENS ASSESSMENT CENTER
BOARD MEMBER	JUSTICE FOR CHILDREN