

niid Yes ☐ No 🗹	come, transactions, or liabilities of a spouse or dependent child	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, o because they meet all three tests for exemption?
ited Yes □ No ✓	se on Standards of Official Conduct and certain other "excepted details of such a trust benefiting you, your spouse, or dependent	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Ol trusts" need not be disclosed. Have you excluded from this report details of such a trust child?
STIONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
and the appropriate	Each question in this part must be answered and the appropriate	V. (more than \$10,000) during the reporting period? Yes \(\subseteq \ \ \neg \)
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
outside Yes No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No period?
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
ing in the Yes No 🗸	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1,000 at the end of the period?
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
le travel or lan \$305 Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	II. you for a speech, appearance, or article in the reporting period? Yes No
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
legiftin herwise Yes 🗌 No 🕢	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
	NESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
late.	tion	Type () Annual (May 15) Amendment Termination
more than 30 days	Termination Date:	
be assessed against	Employee	Status House of Representatives District: 4
A \$200 penalty shall	Officer Or Employing Office:	Filer Member of the U.S. State: KS
(Office Use Only)	(Daytime Telephone)	(Full Name)
70	(202) 225-6216	William Todd Tiahrt
CEPTE C. 100 SLOW HOUSE OF HET RESERVATIVES	U.:	
	For use by Members, officers, and employees	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007
SCHOOL STANKED	FORM A Page 1 of 6	UNITED STATES HOUSE OF REPRESENTATIVES
EGISLATIVE RESOURCE CENTER		

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5 \subseteq that of your spouse (SP) or dependent child (DC) or is jointly held (JT), Government retirement programs. in the optional column on the far left. If you so choose, you may indicate that an asset or income source is parent or sibling; any deposits totaling \$5,000 or less in personal Exclude: Your personal residence(s) (unless there is rental income); any that is not publicly traded, state the name of the business, the nature of plans that are not self-directed, name the institution holding the account a fair market value exceeding \$1,000 at the end of the reporting period, savings accounts; any financial interest in or income derived from U.S debt awed to you by your spouse, or by your or your spouse's child, information, see the instruction booklet. its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement 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 land, provide a complete address. Provide full names of stocks and Identify (a) each asset held for investment or production of income with Asset and/or Income Source FD D MS-IRA: Internatl Value Equity MS-IRA: Focus Growth FD D S&P 500 D MS-IRA: Equally Weighted I'D Market MS-IRA: Capital Opportunities Intrust Bank: Maximizer Money Intrust Bank: Checking BLOCK A š \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 value, please specify other than fair market the value should be it is generated income, included only because asset was sold and is the method used. If an valuation method year. If you use a at close of reporting Value of Asset Year-End Name William Todd Tiahri BLOCK B INTEREST None INTEREST DIVIDENDS None DIVIDENDS block. (For example: Farm Income) Partnership income or a brief description in this type of income by writing categories, specify the Check all columns that than one of the listed calendar year. If other any income during the asset did not generate apply. Check "None" if Type of Income BLOCKC NONE \$1,001 - \$2,500 \$201 - \$1,000 \$1 - \$200 \$1 - \$200 earned. "None" if no income was box below. Dividends, even checking the appropriate category of income by other assets, indicate the "NA" for income. For all accounts that do not allow For retirement plans or NONE listed as income. Check if reinvested, should be Investments, you may write you to choose specific Amount of Income BLOCK U reporting year. \$1,000 in exchanges (E) Transaction exceeding (P), sales (S), or had purchases Indicate if asset BLOCK E Page 2 of 6

SCHEDULE III - ASSETS AND "UNEARNED" INCOME & Income Comstock I MS-IRA: Van Kampen Fix Inc Inst MS-IRA: MSIF Invest Grade Markets A MS-IRA: MSIF Emerging MS-IRA: Mid-Cap Value Equity FD D Money Market MS-IRA: Van Kampen Growth Gr Port A MS-IRA: MSIF US Large Cap Cap Val Inst MS-IRA: MSIF TR US Small Magnum A MS-IRA: MSIF Internati MS-IRA: Liquid Assets Fund -Cap Growth MS-IRA: Van Kampen Small Allocatn A MS-IRA: MSIF Active Intl \$1,001 - \$15,000 | DIVIDENDS \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1 - \$1,000 \$1,001 - \$15,000 | DIVIDENDS \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 DIVIDENDS \$1,001 - \$15,000 \$1,001 - \$15,000 Name William Todd Tiahrt DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS/CAPI DIVIDENDS/CAPI TAL GAINS DIVIDENDS TAL GAINS \$1,001 - \$2,500 \$201 - \$1,000 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$201 - \$1,000 ס PS(part) Page 3 of 6

SCHEDULE IV - TRANSACTIONS

Name William Todd Tiahrt

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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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC,	Asset	Type of	Date	Amount of
JŢ	Asset	Transaction	Date	Amount of Transaction
	MS-IRA: Internati Value Equity FD D	ס	12/20/07	\$1,001 - \$15,000
	MS-IRA: Mid-Cap Value Equity FD D	ד	12/20/07	\$1,001 - \$15,000
	MS-IRA: MSIF Emerging Markets A	ט	7/3/07 & 12/20/07	\$1,001 - \$15,000
	MS-IRA: MSIF Emerging Markets A	S(part)	1/19/07, 7/19/07, & 10/16/07	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name William Todd Tiahrt

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spouse or dependent child that is totally independent of his or her relationship to you. 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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 the

					Was a Family	Days not at
,		Point of Departure	Lodging?	Food?	ng? Food? Member Included?	sponsor's
Source	Date(s)	DestinationPoint of Return	(Y/N)	(Y/N)	(Y/N)	expense
Evangel University	Oct. 11-14	Oct. 11-14 DC-Springfield, MO-DC	Υ	Υ	Υ	None

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Number Schedule IV Schedule III Section / Schedule MS-IRA MS-IRA Name William Todd Tiahrt Footnote Morgan Stanley - IRA Rollover Account Morgan Stanley - IRA Rollover Account the following item This note refers to Page 6 of 6