₹	tl because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, trans irst consulted w	er assets, "unearne s" unless you have f	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
\ <u>\</u>	sts" need not Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on standards ng you, your st	ed by the Committe such a trust benefit	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
S	EACH OF THESE QUESTIONS	- ANSWER	TINFOR	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDEN
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No	rtable Yes	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.
No No	angement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	g Yes	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>X</u>	efore the date Yes	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.	No	rned" / / / Yes X	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.
	ceive any ne reporting Yes	VII. 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, complete and attach Schedule VII.	No X	arity in e	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 ⊠	ceive any ating more Yes	VI. 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 exempt)? If yes, complete and attach Schedule VI.	S D	les or od? 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.
		E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER
niore man	30 days late.	Termination Date:	·	Amendment	Report Annual (May 15)
Bsessed	A \$200 penalty shall be desessed	Employing Office:	Officer or Employee	43	Filer Status Member of the U.S. State: House of Representatives District:
MC	(Office Use Only)				
	50 :01 NY ST AW 600Z	Daytime Telephone: えのユーユュケーンを16	Daytime 1		Name: DOC HASTINGS
Ĩ					
<u> </u>		Form A For use by Members, officers, and employees	MENT	NTATIVES DSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Secu	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
NGTON	LECISLATIVE POUSION	\$2133

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77	7	A	7		12	'n		SP.	reporting report	tder tder duct exce exce exce whic inco inco land land land land land land land land
AMERICAN	CHENY C	d)	YAKIMA	TRUST/	COLVEBA ?			SP	each asset in the account that reporting threshold. For retiremen not self-directed, name the institution account and its value at the end period. For an active business that period. For an active business the period. For an active business the period. For an active business and its geograp Block A. For additional information instruction booklet. Exclude: Your personal reside there is rental income); any debt your spouse, or by you or your parent, or sibling; any deposits tot less in personal savings account interest in or income derive Government retirement programs. If you so choose, you may indicat or income source is that of your dependent child (DC) or is jointly loptional column on the far left.	Asset and/o Identify (a) each assiduction of income exceeding \$1,000 at od, and (b) any othe which generated mo income during the pland, provide a con names of stocks an ticker symbols). For a plans (such as 401(k (i.e., plans in which not exercised, to sele
AMERICAN WEST-DEPOSIT	CHASE- DEPOSIT		FUNDER - DEI	PETERSON - HA.	BASIN PAPER + SUPPLY	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	that can that can that can that can that is that is that is usiness usiness praphic rematic rematic can totallii totallii totallii unts; can total	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 sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and 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 in which you have the power, even if not exercised, to select the specific investments).
2 7	517		DEPESIT	HASTINGS	PPLY	Accounts				
		ļ	 						None > □	Indicate reportin method please If an as year ar general general
\vdash		×	 			-	nde		Ψ1 – Ψ1,000	Indicate 'reporting method o please spelf an assel year and generated "None."
×	×	_	×	-	-	-	Indefinite		Ψ1,001 - Ψ10,000	spendind in
			+~				-	×	\$15,001 - \$50,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
			+ -			×			\$100,001 - \$250,000	BLOCK B Value of Asset alue of asset a ear. If you use a ear than fair ma cify the method u was sold during th s included only ncome, the value
			_	<u> </u>	<u> </u>				\$250,001 – \$500,000	BLOCK B Je of Asset at of asset at If you use a than fair mank the method use sold during the cluded only be me, the value:
			 	\times					\$500,001 - \$1,000,000 [±]	B set us us air I thoo thoo only va
					<u> </u>				\$1,000,001 - \$5,000,000	at at at narmar
								ļ	\$5,000,001 - \$25,000,000	close valuat ket val ed. preport
									\$25,000,001 - \$50,000,000	ose luati
		<u> </u>							Over \$50,000,000	be # de of
				×					NONE	Che retir not inve all indi indi indi che ate
								×	DIVIDENDS	Type of I Check all columns retirement plans or not allow you to investments, you mall other assets inclindicate the type of ing the appropriating the appropriating the indicate the type of ing the appropriating the appropriating the appropriation of the column of the indicate the type of ing the appropriation of the indicate the type of indic
						×			RENT	ck all cement allow streen streen streen streen could be called the case of the called t
×	×	×	×						INTEREST	color plan you asse ety, your appropriety, your community.
			<u> </u>					×	CAPITAL GAINS	BLOCK C Type of Inca III columns that plans or acc w you to che nts, you may w assets includ aspropriate the type of ince appropriate should be liste None" if asset or ncome during or
			ļ	ļ					EXCEPTED/BLIND TRUST	Inc Inc Inc Inc Inc Inc Inc Inc Inc Inc
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
			<u> </u>	×		ļ			None –	For net or g
<u>×</u>	<u>></u>	×	×		1	┡		_	\$1 - \$200 =	For retirer not allow ments, you for all ow indicate checking Dividend. Series or genera
			_		-	ļ		J	\$201 - \$1,000 =	Amo For retirement not allow you ments, you may for all other as indicate the checking the Dividends and vested, shoul Check "None" or generated.
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			 -	+	1	┢			\$50,001 - \$100,000 \(\leq\)	nco special special special udir udir of ate
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			1			f			\$1,000,001 - \$5,000,000 ×	ome bunts that do ecific investific income. for income. fing all IRAs, income below. wen if reinas income. was earned was earned
			 			T			Over \$5,000,000 ×	t do est- me by by ned
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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

spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	~	2 Days
WASTE MANAGEMENT STAPOSIA, INC	FEB 24-25	JO-ZHINNOHY- AM OISAB	۲ '	Υ	ح	NONE
			'			
					333	