<b>₹</b>	Yes	child because	nsactions, or liabilities of a spouse or dependent	f" income, tran	<b>EXEMPTION</b> —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?
N <sub>o</sub>	Yes	trusts" need not	s of Official Conduct and certain other "excepted pouse, 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?
S	UESTIONS	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and Yes" respo	must be anso	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>o</sub>	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	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	S <sub>o</sub>	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.
ž X	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.	No	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.
	Yes	f 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.	<b>₹</b>	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.
No No	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.	No I	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 Yes
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed ore than	ty shall be and who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	ae Termination Date:	Employee	Status Member of the U.S. State: 28  House of Representatives District: 28  Report Name (May 15) Armendment
02	Coffice Use Only) STAVES	MC Constitution			PWARD L.
	HAND DELIVERED	HANI	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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/ Page 3\_ of 15

## 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.

exceeding \$1,000. See examples below. <b>Exclude:</b> 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 Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
- :	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State of Collins	Legislative person	五十525年
		25 25 25 25

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

	•		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
June /			
		60 101 101 101 101 101 101	

### Asset and/or income Source

BLOCK A

exceeding \$1,000 at the end of the reporting periinstruction booklet. Block A. For additional information, see not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information od, and (b) any other asset or sources of income traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For all IRAs and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "unearned" duction of income with a fair market value Identify (a) each asset held for investment or proits activities, and its geographic location

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Government retirement programs. your spouse, or by you or your spouse's child there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless interest in less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or or income derived rom

optional column on the far left dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset

None

1 - 1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

S

(partial)

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

**INTEREST** 

**CAPITAL GAINS** 

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example.

See below for

(S) (partial)

as follows:

please indicate asset is sold

Other Type of Income

, SP,

Examples,

Simon & Schuster Mega Corp. Stock

Indefinite

Royalties

1st Bank of Paducah, KY Accounts

ŞP

35

### Value of Asset **BLOCK B**

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting year and is included only because it None."

ate any income during calendar year indicate the type of income by checkall other assets including all IRAs, investments, you may write "NA." For not allow you to choose specific Check all columns that apply. For Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reing retirement plans or accounts that do the appropriate box below.

### Type of Income BLOCK C

For retirement plans or accounts that do Check "None" if no income was received Dividends and interest, even if reinchecking the appropriate box below. indicate the category of For all other assets, including all IRAs, ments, you may write "NA" for income not allow you to choose specific investvested, should be listed as income income by

### Amount of Income BLOCK D

\$1000 in exceeding exchanges (E) sales (S), or purchases (P), Transaction reporting year. asset had ndicate if the BLOCK E

For additional
assets and
unearned ir
income, use
e next page
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Ξ Ŋ ę, Asset and/or Income Source None  $\boldsymbol{\varpi}$ \$1 - \$1,000 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 'n \$100,001 - \$250,000 \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>د</u> \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 ~ \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) None \$1 ~ \$200 = Amount of Income \$201 - \$1,000 2 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 Y V VIIV \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E поъ

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Asset and/or Income Source None  $\boldsymbol{\varpi}$ \$1 - \$1,000 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 ے \$5,000,001 ~ \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) None = \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 2 \$1,001 - \$2,500 V VI VII VIII BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000  $\bar{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000  $\succeq$ Over \$5,000,000 Transaction BLOCK E шαл

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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name

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# SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property	Type of Transaction	Type	Stion	Date			Am	ouni	of T	rans	Amount of Transaction			
stocks, bonds, commodities futures, or other securities when the			,	(MO/DAV/VB)	D	?	<b>5</b>	п	'n	ြ	¥ .	_	<b>-</b>	~
that resulted in a loss. Provide a brief description of any exchange	E		Æ	or	; 1		; !		, ,				3 h	
transaction. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal	CHAS	E	HANG	Monthly, or	0	1- 0	1- 00	01- 00	01- 00	01- ,000	,001- ,000	0,000	0,001	0,000
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.	PUF	SAL	EXC	applicable	\$1,001 \$15,00	\$15,00 \$50,00	\$50,00 \$100,0	\$100,0 \$250,0	\$250,0 \$500,0	\$500,0 \$1,000	\$1,000 \$5,000	\$5,000 \$25,00	\$25,00 \$50,00	Over \$50,00
SP, DC, JT Asset			, :				; (1)						. ` . ` . ` . ` . ` . ` . ` . ` . ` . `	
Example: Mega Coporation C	* * * * * * * * * * * * * * * * * * * *	×		10-12-07		×					· v			
Eneraly Resources		X	, ,	12/14/07	X									
American & Cartinia		<	. ,	12/14/107	X		7.;				,			,
allineis Tool Works		×		2/23/67	X		, ,		` .				`}`	
Lieva aufie Resources	, `	$\times$		2/23/67	X				-					
Sprint Nextel	, * :	X	,	2/23/07	X		,							
Wells Fayer	, ,	×	΄.	2/26/07	X									
				,									. :	
Franklin Toma Hard Currentey		×		2/18/07	X		,						,	
aliva 1"	X			/	X						, ;		. , ,	
Blackwork lead aret Trust	×				×							.,.	* > = >	
Delig form marin MAJ 2001 BSU	×				, , , ,	$\times$	·		, ;	i		, , , , , <u>, .</u>	711	
SP Franklin Fund a . Huri Shid	1	$\times$	, , ,	3/07			* * * * * * * * * * * * * * * * * * * *		×					
This the			, , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	/			# ( * )				* * * * * * * * * * * * * * * * * * * *			
59 I Slover Knowl polline dudy Time	X			3/07			X		***		, , , , , , , , , , , , , , , , , , ,		***	
SP I Shows Ruysel browth dudy Tund	×			3/07		$\times$	) V 1		* ;				***	
SP I Show 2000 Value dudy Find	X			3/07		$\times$			, (0),		, , ,		14	

# **SCHEDULE IV— TRANSACTIONS**

19 ING Global Koal Estate Timel	P Organiamon chillen Tund	P Jess Bason factured Convertible Tunel	P PIMCOHOL Geld Fund	P Blackwood Ca. churred Muri Brieffund	P T Shave Jehman 1-348. Transmy Brid End	P I Shove Johnson THS Bond Fund	P I Shower Sahman agreeate Bout Fred.	P I Show MSCI / EAFE hours duly time	Palliance Bonstein Chat I Value Tund	P I Shave Mussell Midean Value double Tout	3P I Shaver Kursel 2000 Crowd dudy Turk	5 P I Shoves Kundl Hurocap chiley Time	Example: Mega Coporation C	sold, please so indicate (i.e., "partial sale"). See example below.	or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. <b>If only a portion of an asset is</b>	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	stocks, bonds, commodities rutures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	rchase, sale, or exchange by you, your spouse or ld during the reporting year of any real property,
X	X	×	×	$\times$	×	X	$\times$	<b>X</b>	<	<	×	×			PURC	HASE		of Tr
													×		SALE			Type of Transaction
															EXCH	ANGE		ction
3/07	3/07	3/07	3/07	3/07	3/07	3/07	3/07	3/00	3/67	3/07	3/07	3/07	10-12-07		Bi-weekly, if applicable	Quarterly,	(MO/DAY/YR)	Date
,								X		X	X	×		\$1 \$1	,001- 5,000		œ	
×		×	$\times$		$\times$	X							×	\$5	5,001- 0,000		C	
	X			×	,				X					\$1	0,001- 00,000	)	٥	Amc
							$\times$							\$2	00,00	)	П	Amount
<u> </u>														\$5	250,00 500,00 500,00		<b>T</b>	of Tr
		<u> </u>												\$1	,000,00	00	<u>.</u>	Transaction
													H	\$5	,000,0 ,000,0	00	<b>T</b>	ction
			<u> </u>											\$2 \$2	25,000 2 <b>5,000</b>	000 001-		<b>-</b>
		+-			-				<u> </u>		ļ	-			0,000 ver	UUU		-

### SCHEDULE V— LIABILITIES

Name

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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.

						SP, DC, JT
•				Nove-	Example: First Bank of Wilmington, Delaware	Creditor
					Mortgage on 123 Main St., Dover, Del.	Type of Liability
	, , , , ,		*	H M		\$1,0014
	-,			7 8 7		\$15,001- \$50,000
	· · · · · · ·		, , , , , , , , , , , , , , , , , , ,		* * * * * * * * * * * * * * * * * * * *	\$50,001- \$100,000
			<b>&gt;</b> . 1		×	\$100,001- m \$250,000 m \$250,000
`			* ` `			\$500,000 T
	,		, ,	*, }*		\$1,000,000 \$1,000,001 \$5,000,000
	.,		<u> </u>			\$5,000,000 \$5,000,001- \$25,000,000
	7	;;	X C + 7, Y	97 1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	" 有物" "	\$25,000,000 \$25,000,000 \$50,000,000
				`		Over \$50,000,000 <b>&gt;</b>

### 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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)
Mone	

Name
HOWARD
1.7
SERMAN

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by 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

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

Polition	Data(s)		Chairbo		Was a Family	Number of days not
Cource	Date(a)	City of Return	(Y/N)	(Y/N	-3 -2	at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
Tech Policy Summit	2/26/07	LA - Sandone - LA	$ \mathcal{A} $	>	ζ	More
The anom Southtite	5/246/3	the oc - Lubban Shi	て	て	7	3 days
		-0C V V	,			
The Agreen Swelstute	8/12-8/14 LA-	LA-agun G-LA	て	て	4	Thre
Woodson Wilson Contago and il	= A-1 08/8-21/8	Mexico	7	2	7	line
Asban Center @ Broding chut 11/1-11/6 DC	11/1-11/6	DC Janualem . DC	ノ	~	>-	Teno
The array distribe	11/29-12/2	V	7	2	7	Hone
	_					
	!					

### SCHEDULE VIII—POSITIONS

Name

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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 e	Report all positions, compensated or uncompensated, held during the current calendar year as an office
nited States.	դ, firm, partnership, or other busir	the current calendar year as an
	usiness enterprise, any non profit organization, any labor	an officer, director, trustee of an organization, partner,
	tion, any labor	ation, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

## SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	Une	