					they meet all three tests for exemption?
][	child because	pouse, or dependent child?  Isactions, or liabilities of a spouse or dependent	iting you, your steed" income, tran-	a trust benet	be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? <b>EXEMPTION—</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because
Yes No L	trusts" need not	s of Official Conduct and certain other "excepted trusts" need not	ee on standards	the Commit	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct
SNOITS	FTHESE C	MATION — ANSWER EACH OF THESE QUESTIONS	ST INFOR	OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
swered and the "Yes" response.	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>S</sub>	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.
Yes No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No I	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.
Yes No	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 No	, Yes	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 No	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.	No No	Yes	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.
Yes No V	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 NO	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 THES	R EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyor 30 days late.	r Employing Office: se Termination Date:	Officer or Employee	Amendment	Filer Status House of Representatives House of Representatives  Annual (May 15)  State: 1 A  State: 1 A  Annual (May 15)
LEGISLATIVE FOR SUMMER OF A 4: 22  LIS. 100 BE Use (Only)	ZOOF CEGIS	202-225-3731 (Daytime Telephone)			Christopher Paul Grandy
HAND DELIVERED	DEL.	Form A For use by Members, officers, and employees		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

JT CREE Clobal Equities JT TIAA Real Estate	IT BEF GROWTH	OF CRST Stock	JT TIAA Traditional	TT PNC Bank		DC, Examples: Simon & Schuster		ing threshold. For retirement plans that ing threshold. For retirement plans that if-clirected, name the institution holding of and its value at the end of the report. For an active business that is not put activities, and its geographic location. See the name of the business, the native business, and its geographic location. See the properties of the	provide the value and income information on each asset in the account that exceeds the	ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed ( <i>i.e.</i> , plans in which you have the power, even if not exercised, to select the specific investments),	land, provide a complete address. Provide full names of stocks and mutual funds (do not use	od, and (b) any other asset or sources of income which generated more than \$200 in "unearned"	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 peri-	Asset and/or Income Source	BLOCK A
* >		*	×	×	×	<del></del>	X	None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$500,000  \$250,001 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000		year and is included only because it generated income, the value should be "None."		method other than fair market value, please specify the method used.	Indicate value of asset at close of reporting year. If you use a valuation	Value of Asset	вгоск в
××	×	×	×	×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	*	vested, should be listed as income. Check "None" if asset did not generate any income during calendar year.	ing the appropriate box below.  Dividends and interest, even if rein-	investments, you may write "NA." For all other assets including all IRAs,	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific	Type of Income	вгоск с
* *		~	*	*	×	×	×	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       ≦         \$100,001 - \$1,000,000       ×         \$1,000,001 - \$5,000,000       ×         Over \$5,000,000       ×		Check "None" if no income was received.	Dividends and interest, even if reinvested, should be listed as income.	For all other assets, including all IRAs, indicate the category of income by	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income.	Amount of Income	BLOCK D
						-	S (partial)		If only a	\$1000 in reporting year.	exchanges (E)	sales (S), or	asset had	Indicate if the	BLOCK E

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

Name Christopher P. Carney

Page Z of 6

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																-	14110	1741	CREE Bord Marlut			Asset and/or Income Source	BLOCK A
																		*	4	None > \$1 - \$1,000			_
																	V			\$15,001 - \$50,000		Year-End Value of Asset	вгоск в
										_										\$250,001 - \$500,000		End f Asset	χ B
																				\$5,000,001 - \$25,000,000	    -		
		-		-																NONE DIVIDENDS RENT			
							ļ		     									<b>X</b>	\ \ \	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST		Type of Incom	вьоск с
		}																		Other Type of Income (Specify)		me	
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		<u> </u>			<u> </u>		L											ろ		\$1 - \$200 =		•	
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																				ச.லிய		Transaction	BLOCK E

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## SCHEDULE V- LIABILITIES

Name Christopher P. Carney

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.

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		_	7,00		
	PNC	Example:			
	PMC Back, Clarks Summit Pt	Example: First Bank of Wilmington, Delaware	Creditor		
	Mortgage on Care Valley Rd, Dimuk, CA	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
	×		\$1,001- \$15,000	В	
	<u> </u>		\$15,001- \$50,000	0	
			\$50,001- \$100,000	0	
		×	\$100,001- \$250,000	Е	Amou
	<u> </u>	_	\$250,001- \$500,000	T)	int of
		_	\$500,001- \$1,000,000	ဝ	Amount of Liability
		_	\$1,000,001- \$5,000,000	I	₹
		_	\$5,000,001- \$25,000,000 \$25,000,001		
		lacksquare	\$50,000,000	****	
		L	\$50,000,000	~	Ш

## 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.

 	 	 		_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	. Value	

## SCHEDULE VIII—POSITIONS

Name Christopher P. Carney

Page La of Le

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 enterprise, any non profit or,	Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an o
	business enterprise, any non profit organization, any labor	s an officer, director, trustee of an organization, partner,

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

			Position	
			Name of Organization	

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

Date	Parties To
2007	lun State liniversity and Christophur P. Carney
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