te: NY Officer Or Employing Office: I.	fficial Conduct and certain other "excepted Yes ☐ No ☑					
State: NY Officer Or Employing Office: State: NY Officer Or Employee Officer Or Employing Officer Or Officer Or Employee Officer Or Officer		ittee on Standards of C t details of such a trus	oved by the Commi	Trusts Details regarding "Qualified Blind Trusts" approtrusts" need not be disclosed. Have you exclud	Tru	
te: NY te: NY Cofficer Or Employee Termination Termi	IER EACH OF THESE QUESTIONS	ATION ANSW	JST INFORM	USION OF SPOUSE, DEPENDENT, OR TRI	EXCL	
te: NY Cofficer Or Employing Office: Indment Termination Termination Date: Termination Termination Termination Termination Termination Termination Date: Termination Termination Date:	ached for each "Yes" response.	schedule att		If yes, complete and attach Schedule V.	If ye	
te: NY Officer Or Employing Office:		Each question	Yes 🗸	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. than	
te: NY Officer Or Employing Office: Imployee Termination Termination Date: Terminatio	nd attach Schedule IX.	If yes, complete		If yes, complete and attach Schedule IV.	If ye	
te: NY Cofficer Or Employing Office: It ict: 21 Cofficer Or Employing Office: It ict: 21 Termination Termination Date: T	Yes No		No No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you IV. reportat period?	
te: NY Officer Or Employee Termination Termination Date: Terminatio		If yes, complete		If yes, complete and attach Schedule III.	If ye	
te: NY Officer Or Employing Office: Idment Termination Termination Date: T	table positions on or before the date of filing in the Yes		3	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 \$100 in the and of the period.	III. more	
te: NY Officer Or Employing Office: Itrict: 21 Termination Termination REACH OF THESE QUESTIONS Pess) of \$200 Yes No Did you, your spouse, or a dependent child receive any reportal exempt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportal exempt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportal from one source!?	and attach Schedule VII.	If yes, complete		If yes, complete and attach Schedule II.	If ye	
202-225-5076 (Daytime Telephone)	e, or a dependent child receive any reportable travel or travel in the reporting period (worth more than \$335 Yes		Yes No	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?	II. you t	
202-225-5076 (Daytime Telephone)	and attach Schedule VI.	If yes, complete		If yes, complete and attach Schedule I.	If ye	
202-225-5076 (Daytime Telephone) Officer Or Employing Office: Employee Termination Date: H OF THESE QUESTIONS	e, or a dependent child receive any reportable gift in (i.e., aggregating more than \$335 and not otherwise Yes		Yes 🕢 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. Didy	
202-225-5076 (Daytime Telephone) strict: 21 Cofficer Or Employing Office: Employee Termination Date: Termination		QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH	PREL	
202-225-5076 (Daytime Telephone) strict: 21 Officer Or Employing Office:	n Date:		☐ Termina	pe ✓ Annual (May 15) ☐ Amendment	Report Type	
202-225-5076 (Daytime Telephone)				✓ Member of the U.S. State: House of Representatives District:	Filer Status	
202-225-5076				(Full Name)		
				Paul David Tonko		
TOTAL ATTENDED TO THE TOTAL ATTENDED TO THE TOTAL ATTENDED TOTAL ATTENDED TOTAL ATTENDED TOTAL ATTENDED	TEGISLATIVA TALIVA SIBILA					
OF REPRESENTATIVES FORM A Page 1 of 6 DISCLOSURE STATEMENT For use by Members, officers, and employees		For use by Me	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTAT CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALEN	

	BLOCK A		ВГОСК В	вгоск с	BLOCK D	BLOCK E
Ass	Asset and/or Income Source	 ≾	Year-End	Type of Income	Amount of Income	Transaction
a fair market and (b) any o	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 assets or sources of income which generated more	Valu at close	Value of Asset at close of reporting	Check all columns that apply. For retirement plans or accounts that do	For retirement plans or accounts that do not allow you to choose specific	Indicate if asset had purchases
than \$200 in land, provide	than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and	year. If valuation	year. If you use a valuation method other	not allow you to choose specific investments, you	investments, you may write "NA" for income. For all	exchanges (E)
mutual funds retirement pla	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	than fai please	than fair market value, please specify the	may write "NA". For all other assets including all	other assets, including all IRAs, indicate the category	\$1,000 in reporting year.
in which you investments)	in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset	method asset w	method used. If an asset was sold and is	IRAs, indicate the type of income by checking the	of income by checking the appropriate box below.	
plans that are and its value that is not pu	plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of	it is gen the valu	it is generated income, the value should be "None."	appropriate box below. Dividends and Interest, even if reinvested, should be listed as income.	Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was	
its activities, information,	its activities, and its geographic location in Block A. For additional information, see the instruction booklet.			Check "None" if asset did not generate any income	earned or generated.	
Exclude: You debt owed to parent or sibl savings acco	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, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.			,		
If you so cho that of your s in the options	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), in the optional column on the far left.					
- " " " " " " " " " " " " " " " " " " "	Equity Club of Amsterdam (Not an investment club)	\$1,00	\$1,001 - \$15,000	Interest	\$64	
	SEFCU	\$1,00	\$1,001 - \$15,000	Interest	\$21	

SCHEDULE I - EARNED INCOME

Name Paul David Tonko

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. Page 2 of 6

Source	Туре	Amount
State of New York	Back Wages (Prior to House service)	\$1,106
New York State Energy & Development Authority	Wages (Prior to House service)	\$68,023
New York State Employees Retirement System	Retirement (Prior to House service)	\$28,908

Name Paul David Tonko

Page 4 of 6

furniture, or appliances; 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. 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 all or part of it is rented out); loans secured by automobiles, household

cains) on	calds) only in the balance at the close of the preceding calendar year executed #10,000.	104 # 10,000.	
SP, DC,			
JT	Creditor	Type of Liability	Amount of Liability
	Citizen's Bank	Personal Loan	\$15,001 - \$50,000
i	SEFCU	Personal Loan	\$10,001 - \$15,000

SCHEDULE VI - GIFTS

Name Paul David Tonko

Page 5 of 6

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. 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 \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
New York State Lottery	Prize	\$2,500

SCHEDULE VIII - POSITIONS

Name Paul David Tonko

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, 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.

President and CEO New (Resi	Position	
New York State Energy & Development Authority (Resigned)	Name of Organization	