Yes No X		sactions, or liabilities of a spouse or dependent child because vith the Committee on Standards of Official Conduct.	" income, trans	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	EXEMPTIO they meet a
Yes No X		of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on standards ng you, your sp	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	TRUSTS—I be disclosed
STIONS	EACH OF THESE QUESTIONS	- ANSWER	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	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.	V. Did you, y liability (mon If yes, com
Yes No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹ □	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.	IV. Did you, or exchange \$1,000 durin If yes, com
Yes No X		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.		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.	III. Did you, income of m reportable a If yes, com
Yes No X		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.	× ×	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.	II. Did any individ lieu of paying you reporting period? If yes, complete
Yes No No	o o	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.	No No	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, complete and attach Schedule I.	I. Did you on fees) of \$20 If yes, com
		E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	PRELIMI
A \$200 penany snan be assessed against anyone who files more than 30 days late.	against anyone w 30 days late.		Employee	itatives	Status Report Type
M'A'N'ES	I.S. HOUSE OF ROTHER SERVEN	r Employing Office:	Officer or	Member of the U.S. State: AK	Filer
CE CENTER	2009 MAY 15 AM 11: 35	Daytime Telephone 201-225-2506	Daytime 1	Victor F. Snyder	Name:
ERED	MAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNITED

Name	
hic Snyder	
Pag	

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. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	s received under the Social Sec	curity Act.
Source	Type	Amount
	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
	Spouse Salary	NA
Quapaw Quarter United Methodist Church	Spoure Salary	MA.
,		
	,	

Name
√ı'ς
Sayd
13

Page 4 of 10

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, 2008	\$2,000

This page may be copied if more space is required.

						_							
Ark Diamond Deferred Comp				Vanguard Typas Money MKt.	DWG Scudder Latin America		Examples:	SP Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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.	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 its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not soft directed agency the inestination holding the	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 IFAs 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).	BI OCK A
					حع				None	······································	≻	-98 = ₽365	П.
1		4	*				<u></u>		\$1 - \$1,000	· · · · · · · · · · · · · · · · · · ·	œ	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."	
1	1	W	7	74	X		Indefinite		\$1,001 - \$15,000		C	ate ting od e special e sp	
b	٦.	<u>.</u> 5,	4,	_	00		ē		\$15,001 \$50,000		ū	Value value year. other 1 oecify to the st was st was st disconding the street was stree	
59	N	4	5	0	8			×	\$50,001 \$100,000		П	Value of Asset alue of asset a ear. If you use a her than fair macify the method used included only income, the value	. :
	5	7	W	4	57	×			\$100,001 - \$250,000		П	of of han han her her.	
0	W	9	0	0	57				\$250,001 - \$500,000		9	ass ass nett	₹ .
									\$500,001 - \$1,000,000		I	set use ir n hod only val	
L									\$1,000,001 - \$5,000,000		_	le of Asset of asset at close of asset at close of you use a valuat han fair market val he method used. sold during the report bluded only because ne, the value should	-18
									\$5,000,001 - \$25,000,000		٠	clc val val ed. rep	
									\$25,000,001 - \$50,000,000	<u> </u>	7	vali vali vali	l'
				ļ ———					Over \$50,000,000	4	г	be ing	ı
X									NONE			a O ≤ D ∃; ∃; a ∃; a ≅ O	7
	メ	X	×	\times	\sim			×	DIVIDENDS			Check all columns retirement plans or a not allow you to conversely all other assets <i>incli</i> all other assets <i>incli</i> and interese vested, should be list Check "None" if asset ate any income during	
				1		×			RENT			ck allow allow ther the	
				 					INTEREST			Typ Typ Typ Typ Typ Typ Typ Typ	
	•		× .		\succ			×	CAPITAL GAINS			ype of Inc t columns the plans or acc you to che tts, you may wassets include assets include appropriate s and interess hould be liste one" if asset come during	2
<u> </u>			7	 -	1	1			EXCEPTED/BLIND TRUST			or anns or annotation or anns	
							Royalties		Other Type of Income (Specify: For Example, Partnership	Income or Farm In-	come)		ô
\cong									None]	For me che che	
	\times			$\geq <$	1				\$1 – \$200		=	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	
		><		<u> </u>	<u>L</u>	L			\$201 - \$1,000		=	irem you you othe e th nds "Noo yrate	
			<u> </u>	<u> </u>	\geq	_		×	\$1,001 - \$2,500		₹	Amount of Income sment plans or accounts v you to choose specific you may write "NA" for ither assets, including a the category of incount the appropriate box ds and interest, even should be listed as it lone" if no income was ated.	
L			<u></u>		ļ				\$2,501 - \$5,000		<	t plans or acce to choose sp nay write "NA' issets, <i>includ</i> , category of category of category at a category of category of category of category of category of category of ca	┇╽
			>			×			\$5,001 \$15,000		≤	I of or	BI OCK D
									\$15,001 - \$50,000		≦	Ince r acce se sp "NA" race race se sp riate riate set, e set, e set, e	•
				<u> </u>	<u> </u>				\$50,001 - \$100,000		S	Courting the beauting the beaut	
<u> </u>			ļ	<u> </u>	<u> </u>]_	×		\$100,001 - \$1,000,000		×	Tall in a second of the second	
<u> </u>				<u> </u>					\$1,000,001 - \$5,000,000	····	×	at of Income ans or accounts that do choose specific invest- write "NA" for income. sts. including all IRAs, tegory of income box below. interest, even if rein- be listed as income. no income was earned	
<u></u>									Over \$5,000,000	<u> </u>	×	₩ % % % %]
			Scaril		P			S (partial)	See below for example. P, S, E	asset is sold. please indicate as follows: (S) (partial)	If only a portion of an	Transaction Indicate if the asset had purchases (P), or exchanges (E) exceeding \$1000 in reporting year.	BLOCK F

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Page 6 of 10

Con !	Continuation Sheet (if needed)		Name V (C	Unyaer	Page of V
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
	Asset and/or Income Source	Year-End	Type	Amount of Income	Transaction
		value of Asset	OI IIICONIC		
S.			Γ	- III	
DC,		0 0 000 0,000			mζv
누		0,000 00,000 250,00 500,00 1,000,6 \$5,00 \$25,00	Incom	0 00 000 0,000 000,000	
		\$1,000 1 - \$15 01 - \$5 01 - \$1 001 - \$ 001 - \$ 001 - \$ 0,001 - \$ 0,001 - \$ 0,001 - \$ 0,001 - \$	ENDS	200 - \$1,000 4 - \$2,50 1 - \$5,00 1 - \$15,00 01 - \$10 001 - \$10 001 - \$1	
		\$1,00 \$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00 \$25,0 Over	RENT INTE	\$1,00 \$2,50 \$5,00 \$15,00 \$100,0 \$1,00	
	AM- European Growt - IRA	31 3,037	X	X	
	· Fairs of Emon Mict	L&\$66	×	X	
	chails Ariets Chai	\$ 6336	X	X	
	Dayfor Founder Dirany - FRA	12508) [
	Janus Venture	31/2/5/4	×		0
S	Paldista Patres FRA Che	J Bak Micacha	×××	×	7
25	Muster of Constitution Chan	108891年	×	X	7
SS	Clerificational Scarty Plan	77 \$2833	×	× ,	
20	Until Nethed Person trivert Pa	768449	×	×	•
	The Orneral Road of				
	Pensons + tests of				
	the United Methodist				
	Characholds the				
	art they facts				i

This page may be copied if more space is required.

SP, DC, JT dependent child during the reporting year of any real property, SCHEDULE IV— TRANSACTIONS or your dependent child, or the purchase or sale of your personal transaction. Do not report a transaction between you, your spouse amount of the transaction exceeded \$1,000. Include transactions stocks, bonds, commodities futures, or other securities when the sold, please so indicate (i.e., "partial sale"). See example below residence, unless it is rented out. If only a portion of an asset is Report any purchase, sale, or exchange by you, your spouse, or that resulted in a loss. Provide a brief description of any exchange ŝ Example: Mega Coporation Common Stock (partial sale) Asset me rue of Transaction **PURCHASE** Type SALE **EXCHANGE** Perst. Quarterly, Monthly, or Bi-weekly, if month (MO/DAY/YR) applicable 10-12-08 Date Name 12008 \$1,001-\$15,000 W \$15,001-O \$50,000 \$50,001-\$100,000 ۵ Amount of Transaction S S \$100,001m \$250,000 \$250,001-\$500,000 Ŧ \$500,001-6 Ω \$1,000,000 285 \$1,000,001-\$5,000,000 <u>ک</u> \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over ㅈ \$50,000,000

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name Vic Snyder

Page 8 of C

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.

	1	Í					-	7
			i			SP, DC, JT		
				None	Example: First Bank of Wilmington, Delaware	Creditor		
					Mortgage on 123 Main St., Dover, Del.	Type of Liability		
						\$10,001- \$15,000	D	
						\$15,001- \$50,000	2	
l						\$100,000	5	
					×	\$250,000	π	Amou
			*			\$300,000	7 1	ınt of
			:			\$1,000,000	G 	Amount of Liability
						\$5,000,000	I	Ϊţ
						\$5,000,001- \$25,000,000	-	
						\$25,000,001- \$50,000,000		
						\$50,000,000	^	

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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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 Example: Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Standards)	S	Example: Mr. Joseph H.			
Description Silver Platter (determination on personal friendship receive	ource	Smith, Anytown, Anystate	, and		
Description n on personal friendship receive		Silver Platter (determinatio			
	Description	on on personal friendship receive			
	Value	\$345			
Value \$345					

	Name	
Ì	110	•
	> nyder	<u> </u>

Page of C

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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 or were paid by you and reimbursed by the sponsor.

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	(Y/N Cedging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DCChicagoDC	Z	Z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	~	Y	2 Days
None						
	j: 					
					į	
	:					

•	J
ם	
F	=
Ľ	_
C	J
C	_
Г	
П	٦
_	j
5	
=	
T	7
ı	
Ť	1
ċ	Š
Ç	ļ
U)
Ξ	3
Ξ	1
C	١
-	
Ž	_
U	3
•	-

Name Vic Snyder Pa

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

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

_		
	Position	Name of Organization
	None	

SCHEDULE IX—AGREEMENTS

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. 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

Date	Parties To	Terms of Agreement
	None	