Yes No No	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No No	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards ig you, your sp	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?
QUESTIONS	FTHESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
swered and the "Yes" response.	must be ansed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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.
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	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.	S S	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	d receive any in the reporting e)?	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	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 X	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	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 OF THESE QUESTION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late.	r Employing Office: Termination Date:	Employee	Status House of Representatives District: Report Annual (May 15) Amendment
2003 MAY III AM II: 31 ALLICOLE LA CHIRESENTATIVES MC	2003 MAY 14 AM 11: 31	100		tima Georges
HAND DELIVERED		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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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.

10 179	Legislative Parston	County of San Mates California
NA	Spouse Salary	Ontario County Board of Education
\$1,000	Spouse Speech	Examples: Civil War Roundtable (Oct. 2nd)
\$9,000	Legislative Pension	- 1
\$6,000	Approved Teaching Fee	Keene State
Amount	Туре	Source
willy Act.	penents received under the Social Security Act.	Exclude: williary pay (such as ivalibrial Guard of neserve pay), receiled refilering programs, and ber

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Page 2 of 8

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.

Conduct of Steel any appear of management in the first to included in each wightness a filling package.	IIIII g package.		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2007	\$2,000
XYZ Magazine XYZ Magazine	Article	Aug. 13, 2007	\$500
· Mare.			

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Pace Intl. Egity Find	Empleton Dugan Fond	UBS Friggery Services	Carty RSu Mates CA.	Heaten's Grap Defend Comp. Plan		Examples:	SP, SP Mega Corp. Stock	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 its activities, and its geographic location in Block A. For additional information, see the instruction booklet. 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.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	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), arounds the value and income information on
X	×.		×	×	×	Indefinite	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000	A B C D E F G H - J K L	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."
*	×		Reticipent Plan	Defenced Comp. Plan	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income	ome)	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" it asset did not generate any income during calendar year.
×	×		*	×	×	X	×	\$201 - \$1,000		Amount of Income 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 received.
Na	na		200	na			S (partial)	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.

SCHE Contin

IEDULE III—ASSETS AND "UNEARNED" INCOME inuation Sheet (if needed)	"UNEARNED" INCOME	Name (1)	Mal Bedges Solva	Page 1 of S
BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End	Туре	Amount of Income	Transaction
	Value of Asset	of Income		

		JT DC,	-
cking Ar	Checking Acct. Checking Acct. Fidelity CA Muni Money Arkt First Republic Bank		Asset and/or Income Source
		None >	
		\$1 - \$1,000 00	
X X		\$1,001 – \$15,000	
		\$15,001 - \$50,000	<
		\$50,001 - \$100,000 m	Year-End Value of Asset
	X	\$100,001 - \$250,000 TT	Year-End
		\$250,001 – \$500,000 ్లు	美 亞 \$
	X	\$500,001 - \$1,000,000 =	nd Sg\
		\$1,000,001 - \$5,000,000 -	ě
		\$5,000,001 - \$25,000,000 -	
		\$25,000,001 - \$50,000,000 조	· -
		Over \$50,000,000	
		NONE	
	TXX T	DIVIDENDS	
		RENT	
		INTEREST	٥
		CAPITAL GAINS	Type of Inco
		EXCEPTED/BLIND TRUST	Type f Incom
		Other Type of Income (Specify)	ome
		None -	
X X		\$1 - \$200 =	
		\$201 - \$1,000 =	Amount of Income
		\$1,001 - \$2,500 <	ē
	X	\$2,501 – \$5,000	1 7 2
	X	\$5,001′~\$15,000 ≤	nt of Ir
		\$5,001'~\$15,000 ≤ \$15,001 - \$50,000 ≤ \$50,001 - \$100,000 ≤	l nc
			Ö
		\$100,001 - \$1,000,000 ×	क
		\$1,000,001 - \$5,000,000	
		Over \$5,000,000 ×	
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SCHEDULE IV— TRANSACTIONS

Name AMA Georges Tstreet Page 5 of 8

									- Pinco Corp. Opportunity	- Nursen Quality Meterred Toware trind	Wells Fargo (hecking Act/Dra		Frred 7	- Vanquard Money Mixt Act	Wells Fargo Portfolio Mant Account (Vans	SP, DC, JT Asset SP Example: Mega Coporation Common Stock (partial sale)	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal 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.	amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
		,			,						rs A				Fred		PURCHASE		of Tr
		_									2	-	×	×	十年	×	SALE		Type of Transaction
					,				X	X	4				47.		EXCHANGE		ction
									8-20-07	8-20-07	- HILLINGT		8-23-07	8-23-07	elity Inve	10-12-07	Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
				,							1			X	most.		\$1,001- \$15,000	0	
											Marchant	· -			₹	×	\$15,001- \$50,000	ဂ	-
					,			<u> </u>			A SEAL						\$50,001- \$100,000	0	Amc
_			ļ 	-	-			 					-			-	\$100,001- \$250,000	т.	Amount
				,					×	\			×	 			\$250,001- \$500,000 \$500,001-	П	of Tr
	<u></u>			ļ	_	-				×				-		 	\$1,000,000	<u>ត</u>	Transaction
				-	}		_					_			-		\$5,000,000 \$5,000,001-	<u> </u>	ction
				-						-	<u> </u>			<u> </u>			\$25,000,000 \$25,000,001-		
				-											1		\$50,000,000 Over \$50,000,000	7	

SCHEDULE V— LIABILITIES

Name FAND (Septaes Shoot Page b of 8

Report fiabilities 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.

		JT DC,	SP	·
	- Lvampic	Example		
na	riist bails of Willilliguit, Delaware	Creditor First Back of Wilmington Delaware		
	mortgage on 123 main St., Dover, Det.	Type of Liability	10	
		\$1,001- \$15,000	8	
		\$15,001- \$50,000	၁	
		\$50,001- \$100,000	0	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$100,001- \$250,000	m	Amo
		\$250,001- \$500,000	T	unt of
		\$500,001- \$1,000,000	ဝ	Amount of Liability
<u> </u>		\$1,000,001- \$5,000,000		lity
		\$5,000,001- \$25,000,000)	
		\$25,000,000 \$50,000,000	-	
		Over \$50,000,000) ~	

SCHEDULE VI— GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	- NONE -	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	

Use additional sheets if more space is required.

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	s Salas
	Page 7 of 8

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 \$305 received by

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	2	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	· ~	Υ	2 Days
Aspen Tristite (Congressions)	March 31 to April 8/2007	Son Flencisco Shanghai-Nagini	Υ	4	Y	nare.
Air Do between	-	·	1915 B	8 68		
		nuce, Oceane Purcell	हि हु	da Eshab Ut nheae		
		Visas + extravency health ins.				
Above Congressional Institute Washington D.C.)				
m. Challenes	May 28- June 3/207	San transisco- Transfect- Ljubliana, Sovenu-Santranisco	\$ 960 B	300	Z	1076
		#2767.00	·			
Aspen Congressional Institute	Nov 27- Jec 2	Son thencisco - Liberia, Cashe Rica-	* <u></u>	× 8	Y	Pare
Magnington, D.C.		\$ 1584.08 each	4255 60C4	#425 each	Sister-Vermica	
Corteners on U.S. Policy-Lockin Homerica		(Eshar + Georges)		1	J	,
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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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

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

			Position
		- NONE -	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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	
		- NONE -	Parties To	
			Terms of Agreement	