Yes No	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran: st consulted w	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
ot Yes No X	I trusts" need no	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?
QUESTIONS)F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nswered and the h "Yes" response.	must be an	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _S	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 wi	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.
ate Yes No	or before the da	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.	8 □	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 \$335 from one source)? If yes, complete and attach Schedule VII.	S _S	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	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 \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	 □	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
		E QUESTIONS	OF THES	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 anyo 30 days late.	or Employing Office: Be Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: OH O Status House of Representatives District: First Report Type Annual (May 15) Amendment
LEGISLATIVE RESOURCE CENTER 2009 MAY 15 PH 12: 35 0-6-0-2 CETT DESAY U.S. HOMROE USB. ORINA DESAY	Z0:	Daytime Telephone: 20と-225-22/6	Daytime 1	Name: Stevens L. Drichaus
DELIVERED /	~ C D	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

İ

1

į

	Name StevensL
	Driehaus
1	ס ו

Page / of &

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 bene-	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
State of OHio	SALACY	\$63,346
XAVIET (LNIVERSILV	1	SH1728
St. Nicholas Academy	9/Ary	AN
	_	
	7 20 20 20 20 20 20 20 20 20 20 20 20 20	

Name
57
eve
ent
?
ried
ichans
≶ Page
7
Ť

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
	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
		:	

This page may be copied if more space is required.

ᅌ

Asset and/or Income Source **BLOCK A**

of its activities, and its geographic location instruction booklet. Block A. For additional information, see period. For an active business that is not publicly 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 which generated more than \$200 in "unearned" exceeding \$1,000 at the end of the reporting peritraded, state the name of the business, the nature account and its value at the end of the reporting not exercised, to select the specific investments) 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 duction of income with a fair market value Identify (a) each asset held for investment or pro-(i.e., plans in which you have the power, even if 9

ø

O

Ö

m

T

G

I

ے

ᄎ

Government retirement programs. parent, or sibling; any deposits totalling \$5,000 or 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 less in personal savings accounts; any financial or income derived from U.S.

dependent child (DC) or is jointly held (JT), in the optional column on the far left 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

\$25,000,001 -

DIVIDENDS

INTEREST

NONE

RENT

Over \$50,000,000

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

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

\$50,000,000

8 Ş

Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

Ş

FranklindSAVings Checking

Cost Financial Corp

Sta

VED BOUNTON

FINANCIALLOOP

·stack

time f-und DAi

Money

1/1/85

アなりみできる

FIMPINGAL

Stock

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

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

ate any incom

Type

BLOCK C

vested, should Check "None" Dividends an all other asse investments,) not allow yo retirement pla Check all co indicate the ty the app

ng

BLOCK D

BLOCKE

Amount of Income Summs that apply. For For retirement plans or accounts that do not choose specific or not allow you to choose specific invest that during calendar if the propriate box below propriate box below propriate box below be		(Ç	(í					1
None		come			➤	₹	되	으	₹	Š	9			Transaction
None		that apply. For	. 7	e e	iren	i ent	plai	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rac	3 CO	# st ==	nat o	f ਰੋ	Indicate if the
None	ou to c		me	nts,	٠ <u>۶</u>	3,2	a) ya	vrite	ج ج	: 43 d	; ; ;	οm Om	, rio	asset lad
None	you may			i al	얼	er a	Sset	son Son ¥i	< <u>0</u>	- B	all	ī 🕏	ري وي إ	purchases (r),
None	/pe of in	come by check-	[유	eck.	. G		ap	go g	riate	g :			≶ 3	sales (S), or
None	propriate	box below.	Ş	ide	ᇟ		. ±. Σσ		<u>+</u> };	eve as		∯ <u>ē</u> .	₽₹	exchanges (E)
None	ld intere	st, even if rein- ted as income.	오 6	ek Sie	 Ž <u>v</u>	ă Z	∓ ō	<u>5</u> =	com	e as	as e	arn	<u>ሄ</u> ያ	exceeding
None	if asse	did not gener-	9	gen	erat	ed.								\$1000 in
EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None	ne during	calendar year.						ĺ						reporting year.
Digneral State Content		e)												If only a
EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm In None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$55,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$11,000,001 - \$5,000,000 Over \$5,000,000		com	_	=	≡	₹	<	≤	≦	≦	≍	×	×	portion of an
EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Far 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		m In												asset is sold,
Differ Type of Income (Specify: For Example, Partnership Income of Specify: For Example, Partnership Income		r Far												please indicate
EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income (Specify: For Example, Par		me o												as follows:
EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership None \$1 - \$200 \$201 - \$1,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$15,001 - \$50,000 \$50,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Over \$5,000,000		Inco												(S) (partial)
Comparing Comp	-	shìp												See below for
EXCEPTED/BLIND TR Other Type of Income (Specify: For Example, Par	UST	tners)	00		example.
Continue	TRU)	0	,000	00,00		
Continue of the continue of					00	,500	,000	5,000	50,000	100,00	\$1,000	- \$5,0	,000	or of
Continue				200	- \$1,0	1 – \$2	1 – \$5	1 – \$1	01 – \$	D1 - \$	001 –	0,001	5,000	m
Royatities X X X X X X X X X X X X X			None	\$1 - 5	\$201	\$1,00	\$2,50	\$5,00	\$15,0	\$50,0	\$100,	\$1,00	Over	
× × × × × × × × × × × × × × × × × × ×	×					×								
		Royatties		<u> </u>							×	<u> </u>	_	
								×	L					
× × × × × × × × × × × × × × × × × × ×				\times										
× × ×					>									
× × ×					<									
× ×					\rightarrow									
× ×								\times						
X				\times										
				X										

Г													Ý		8	Ŋ					SP, DC, JT			ဂ္ဂ ၄
\vdash	<u> </u>		╁	<u></u>		_								>	k.	2				<u> </u>	ال. ري ا		_	nti Y
										" Stock!	-Ultra-Stack Fund	≀≐	Victory Small G. OPP. Fund	TOROUNTION - HRA	ictorysmallco.cootsund	NET SOCIETY ESTABLISHED VAINE	-Crc & Social	-CrefquityTydex	י ו	TIAA Cref Annutics Orfsia			BLOCK A Asset and/or Income Source	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)
L		ļ				L_								ļ	ļ	ļ	<u> </u>				None	≥		ئے
			ļ		ļ.								<u> </u>					<u> </u>			\$1 - \$1,000	D.		Ž
										\times	<u>×</u>	\times	×	\succeq	\succeq	\times	\times	×.	\succeq	×	\$1,001 – \$15,000	ဂ		Œ,
L									I												\$15,001 \$50,000	7	<u> </u>	Ä
																					\$50,001 – \$100,000	п	BLOCK B Year-End Value of Asset	Z.
															<u>. </u>						\$100,001 - \$250,000	п	BLOCK B Year-End ue of As	ΞD
																					\$250,001 – \$500,000	G	₹ ₩ ₹	, =
																					\$500,001 - \$1,000,000	I	SS Pu	Z
																					\$1,000,001 - \$5,000,000	-	ě	ŏ
		1	*															ļ				=		Š
																						ᅱ		m
			T .												†							7		
		1	+														×	×	×	×	NONE	十		
\vdash		┢	+	 					-	×	_	~	~	×	×	×					DIVIDENDS	┪		
\vdash	-	+	+	-						$\widehat{}$											RENT	┨		
-	-	\vdash	+	+	ļ	-						ļ	ļ	 	 	-	1	ļ		+	INTEREST	\dashv	_	
\vdash	-	+	-													-						4	BLOCK C	
\vdash		-	-																1		CAPITAL GAINS	4	Type Incor	
\vdash	ļ	┼	 	┼		1										-			<u> </u>		EXCEPTED/BLIND TRUST	_	BLOCK C Type f Incom	
																					Other Type of Income (Specify)		me C	Name Steven
Γ																					None	-1		ve.
Г										×	×	X.	×	×	\succ	×					\$1 – \$200	=		2
											D	~	Z	\sim	8	8					\$201 \$1,000	=	An	1
			1		1					<u>C</u> , [Rei	<u>.</u>	Reinvest	<u>C</u> -	Roj Niest	Reliables						₹	١٥	
		†	+	 	T	1	T			2	invles	2005	٤	Z	5	1						<	հեր	$ \mathcal{Q} $
		1		†						NUCST	les	8	Ź	Ñ	交	<u> </u>	<u> </u>					≤	BLOCK	[[]
	1	+	+	 	 	 	t			¥		1	-	_	Ť	1		1	T		\$15,001 - \$50,000	≨ੀ		`_
		+	\dagger	+-	 	 						<u> </u>						\vdash	 	 	\$50,001 - \$100,000	\ \\	S	riellaus
\vdash	1	+	+-	+	 	 	_								\vdash	+	+	I		\Box		= : ×	BLOCK D	\sim
\vdash		+	+	 	1-	 	-	-							 	 	 	<u> </u>		\vdash		$\stackrel{\frown}{\times}$	14	
-	+	+	+	-	1	 						 	†		T	1				\vdash	+-,,,,,,	×		
r																							BLOCK E Transaction	Page_
-																					சு. ஷ் ய	1	BLOCK E Insacti	
																							itio (in l	
L													<u> </u>										ž	00

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name Steven L. Driehaus Page 5 of 8

	+ 0> 40	40 3 0 3 5	SP			Τ								
Report	stocks, amount	that restransactor your esidents	SP, DC, JT	SP				1						
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss Broukle a brief description of any exchange that resulted in a loss Broukle a brief description of any exchange	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.	Asset	Example: Mega Coporation Common Stock (partial sale)										
2		PURCHASE												
Type of Transaction		SALE		×										
f ion	Ē	EXCHANGE			a de la companya de									
Date	(MO/DAY/YR)	Or Quarterly, Monthly, or Bi-weekly, if applicable		10–12–08										
	œ	\$1,001- \$15,000												
	ဂ	\$15,001- \$50,000		×										
<u> </u>	0	\$50,001- \$100,000												
	ш	\$100,001- \$250,000						-						
of	וד	\$250,001- \$500,000												
rang	D	\$500,001- \$1,000,000												
Amount of Transaction	I	\$1,000,001- \$5,000,000												
		\$5,000,001- \$25,000,000												
	د ا	\$25,000,001- \$50,000,000												
- 11	~	Over \$50,000,000								}	}		}	1

SCHEDULE V— LIABILITIES

Name Steven L. Drienaus Page Cor &

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 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

	:		SP, DC, JT	
		Example: F		
		First Bank of Wilmington, Delaware	Creditor	
		Mortgage on 123 Main St., Dover, Del.	Type of Liability	
			\$10,001- ps	
			\$15,001 \$50,000	
			\$50,001- \$100,000	
		×	\$100,001- \$250,000 m	Amc
			\$250,001- \$500,000	unt o
			\$500,001- \$1,000,000	Amount of Liability
			\$1,000,001- \$5,000,000 =	₹
			\$5,000,001- \$25,000,000	
			\$25,000,001- \$50,000,000	
			Over \$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

 _	 	_		_	
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

Name
Steves
J Drie
phaus
Page.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 \$335 received by

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. **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

Examples: Chicago Chamber of Commerce Roycroft Corporation Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N < | Z ~ Food? z Was a Family Member Included? (Y/N) Z Number of days <u>not</u> at sponsor's expense 2 Days None

SCHEDULE VIII—POSITIONS

Name Steven L. Drichaus PR

richally 5 Page 8 or 8

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

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	Parties To	Terms of Agreement
6/24/06	4/24/06 OHIO Public Employees Refirement System	Buctit payments upon petirement
		· Current Account value \$ 57,000
:		