DISCLOSURE STATEMENT For use by Members, officers, and employees For use by Members, or dependent child receive any reportable against any one who files For use by Members or adaption Date: For use by Members, or dependent child receive any reportable against any one who files For use by Members or adaption Date: For use by Members or adap		Yes 🗀 No 🗸	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or l because they meet all three tests for exemption? Do not answer "yes" unless you have firs Standards of Official Conduct.
OF REPRESENTATIVES For use by Members, officers, and employees For use by Members, officers, and employees State: KY State: KY State: KY Amendment Femployee Answer Each OF THESE QUESTIONS Answer Each OF THESE QUESTIONS No. 2 VII. the reporting period (i.e., aggregating more than \$235 and not otherwise any reportable sases worth any reportable and attach Schedule VII. If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule			by the Committee on Standards of Official Conduct and certain other "excepted from this report details of such a trust benefiting you, your spouse, or dependent	Details trusts" child?
OF REPRESENTATIVES For use by Members, officers, and employees Foundament For use by Members, officers, and employees Italive District 04 State: KY Amendment Femination Answer EACH OF THESE QUESTIONS [e.g., salaries or fees) of \$200 Yes Vo. Did you, your spouse, or a dependent child receive any reportable gall in the parting period? Yes Vo. Did you, your spouse, or a dependent child receive any reportable gall in the parting period? Yes Vo. Did you, your spouse, or a dependent child receive any reportable gall in the parting period? Yes Vo. VII. the reportable spendent child receive any reportable gall in the parting period (l.e., aggiregating more than \$33.5 and not otherwise vest who files more sources)? If yes, complete and attach Schedule VII. State: KY Officer Or Employee A \$200 penalty shall be assessed against anyone with office: Be assessed against anyone with office anyone with receive any reportable gall in the parting more than \$35.5 and not otherwise vest who files more than 30 days VII. the reporting benefit for travel in the reporting period (worth more than \$33.5 vest No. VIII. current calendary year? VIII. current calendary year? VIII. current calendary pear? VIII. current calendary pear? Viii. pear year and attach Schedule VIII. State, or a dependent child receive any reportable gall in the reporting period (worth more than \$33.5 vest No. Vest No		SNO	T INFORMATION ANSWER EACH OF THESE QUESTIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS
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OF REPRESENTATIVES For use by Members, officers, and employees Full Name) State: KY State: KY State: KY District: 04 State: KY State: KY State: KY Amendment Termination For use by Members, officers, and employees District: 04 For use by Members, officers, and employees A 9: 58 Officer Or Employee Termination A \$200 penalty shall be assessed against anyone who files Termination A \$200 penalty shall be assessed against anyone who files Termination A \$200 penalty shall be assessed against anyone who files Termination A \$200 penalty shall be assessed against anyone who files Termination Did you, your spouse, or a dependent child receive any reportable giff in the reporting period (i.e., aggregating more than \$335 and not otherwise who files Termination Termination Officer Or Employee A \$200 penalty shall be assessed against anyone who files more than 30 days It yes, complete and attach Schedule VII. Did you your spouse, or a dependent child receive any reportable giff in the reporting period (worth more than \$335 and not otherwise yes [] No [] VII. elimbursements for travel in the reporting period (worth more than \$335 and not otherwise yes [] No [] If yes, complete and attach Schedule VIII. Did you hold any reportable positions on or before the date of filing in the yes No [] VIII. current calendar year? Viii. current calendar year?		Yes	. No ¥	Ą
OF REPRESENTATIVES For use by Members, officers, and employees For use of		! 	No I	
OF REPRESENTATIVES For use by Members, officers, and employees ### 202-225-3465 ### CDaytime Telephone CDaytime Telephone		!		Did you, your spouse, or a dependent child receive "unearned" income of
OF REPRESENTATIVES For use by Members, officers, and employees Page 1 of 5 DELIVERED DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-3465 Full Name) State: KY State: KY District: 04 State: KY Amendment Termination Termination Termination Termination Termination Did you, your spouse, or a dependent child receive any reportable gift in the exampty? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel or yes. It is the NO VI. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 Yes No VII. reimbursements for travel in the reporting period (worth more than \$335			If yes, complete a	If yes, complete and attach Schedule II.
DISCLOSURE STATEMENT For use by Members, officers, and employees Page 1 of 5 DISCLOSURE STATEMENT For use by Members, officers, and employees 202-225-3465 District: 04 State: KY State: KY District: 04 A \$200 penalty shall be assessed against anyone who files more than 30 days ANSWER EACH OF THESE QUESTIONS (e.g., salaries or fees) of \$200 Yes VI. the reporting period (i.e., aggregating more than \$335 and not otherwise any reportable gift in exampt)? If yes, complete and attach Schedule VI.		Yes	No	
OF REPRESENTATIVES For use by Members, officers, and employees For use by Members, officers, and employees For use by Members, officers, and employees GISTATIVE RESOURCE CLAST A \$200 Penalty In AM 9: 58 Character or Employing Office: State: KY State: KY District: 04 A \$200 penalty shall be assessed against anyone who files more than 30 days - ANSWER EACH OF THESE QUESTIONS (e.g., salaries or fees) of \$200 VI. the reporting period (i.e., aggregating more than \$335 and not otherwise yes [] No 2		! ! !	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
OF REPRESENTATIVES For use by Members, officers, and employees 202-225-3465 Charlet Resource Class Officer Or Employing Office: State: KY District: 04 A \$200 penalty shall be assessed against anyone who files Termination A \$200 penalty shall be assessed against anyone who files more than 30 days Late.			VI. the reporting period exempt)?	g., salaries or fees) of \$200
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For use by Members, officers, and employees For use by Members, officers, and employees 202-225-3465 Officer Or Employing Office: Employee A \$200 penalty shall be assessed against anyone who files		re than 30 days	Termination Date:	Annual (May 15)
For use by Members, officers, and employees For use by Members, officers, and employees 202-225-3465 (Daytime Telephone) Officer Or Employing Office: Employee A \$200 penalty shall be assessed against		yone who files		
FORM A FORM A Page 1 of 5 For use by Members, officers, and employees For use by Members, officers, and employees 202-225-3465 OFFICE OF THE ORIGINAL SEE ORIGINAL.	-	• -	Employing Office:	Member of the U.S. State: House of Representative District:
VES For use by Members, officers, and employees For use by Members	1-1	(Officer Use Only)	U.S	(Full Name)
VES For use by Members, officers, and employee	5	MAY 17 AM 9: 58		Geoffrey C. Davis
OF DEDDESENTATIVES FORM A Page 1 of		ATIVE RESOURCE CLASS	For use by Members, officers, and employee	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEM
		HAND	FORM A Page 1 of 5	INITED STATES HOUSE OF BEDRESENT

SCHEDULE I - EARNED INCOME

Name Geoffrey C. Davis

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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.

\$1,000.		
Source	Туре	Amount
Republic Consulting, Inc.	Spouse Salary	N/A

Name Geoffrey C. Davis

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JT	JT	JT	JT	parent or sib savings accc Government Government If you so cho that of your s	ASSI Identify (a) ea a fair market and (b) any c than \$200 in land, provide mutual funds retirement plin which you specific inverses in retirement plin which you specific inverses in retirement plin which account a active business, the Block A. For Exclude: You debt owed to
USAA Federal Savings Bank	Republic Consulting, Inc.	Pentagon Federal CU	FERS Thrift Savings Plan	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 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.	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 assets 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), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement 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 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 your or your spouse's child,
\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$50,001 - \$100,000		Year-End 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 and is included only because it is generated income, the value should be "None."
INTEREST	None	INTEREST	None		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" if asset did not generate any income during the calendar year.
\$1 - \$200	NONE	\$1 - \$200	NONE		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.
		 			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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 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.

TL	SP, DC, JT	
Heritage Bank, Burlington, KY	Creditor	
Campaign Loan	Type of Liability	
\$50,001 - \$100,000	Amount of Liability	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Geoffrey C. Davis

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spouse or dependent child that is totally independent of his or her relationship to you. amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? N) (Y/N) (Y/N)	Days not at sponsor's expense
Aspen Institute Middle East Cnference	Feb 14- 20, 2009	DCA-Amman, Jordan-DCA	~	~	≺	None