PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? V. Did you, your spouse, or a dependent child have any reportable or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell III. Did you, your spouse, or a dependent child receive "unearned income of more than \$200 in the reporting period or hold any 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? If yes, complete and attach Schedule I. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not If yes, complete and attach Schedule V. II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Name: CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule IV. reportable asset worth more than \$1,000 at the end of the period? reporting period? If yes, complete and attach Schedule III If yes, complete and attach Schedule II. Report Type Status Filer |Annual (May 15) House of Representatives Member of the U.S. JACKSON District: State: _ **ANSWER EACH OF THESE** Amendment Yes 🗸 Yes Yes V Yes V Yes Daytime Telephone: $(2 \circ 2) 2 2 \circ -3 \%$ 8 0 <u>8</u> 8 Ö <u>Z</u> Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VII. period (worth more than \$335 from one source)? reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VI. than \$335 and not otherwise exempt)? VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" response Employing Office: Each question in this part must be answered and the Termination Form Termination Date: 30 days late against anyone who files more than \$200 penalty shall be assessed 20 TAUS 14 PM 3: 01 USE (Office Use Offix) FRINGS CONTROL Yes Yes Yes V Yes Yes Yes

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SCHEDULE I—EARNED INCOME

Name_ TACKSUNLEG Page 1

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 be	benefits received under the Social Security Act.	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
<u>-</u> ≥	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
THE University of Houston-State of Texas	Spouse Salary	n)4
Administration Position		

Amount of Income BLOCK D

Indicate if the

Fransaction BLOCK E

asset had

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exchanges (E) sales (S), or purchases (P)

\$1000 in exceeding

reporting year

=: E1 O = = D D od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" duction of income with a fair market value exceeding \$1,000 at the end of the reporting perinot exercised, to select the specific investments), provide the value and income information on plans (such as 401(k) plans) that are self directed land, provide a complete address. Provide full income during the year. For rental property or Identify (a) each asset held for investment or pro-(i.e., plans in which you have the power, even if ticker symbols). For all IRAs and other retirement names of stocks and mutual funds (do not use Asset and/or Income Source BLOCK A "None." generated income, the value should be please specify the method used. method other than fair market value, reporting year. If you use a valuation year and is included only because it If an asset was sold during the reporting Indicate value of asset at close of Value of Asset **BLOCK B** 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, Check "None" if asset did not gener-Dividends and interest, even if reinate any income during calendar year. vested, should be listed as income. indicate the type of income by checkthe appropriate box below. Type of Income BLOCK C or generated. checking the appropriate box below ments, you may write "NA" for income vested, should be listed as income. Check "None" if no income was earned indicate the category of income For all other assets, including all IRAs, Dividends and interest, even if reinnot allow you to choose specific invest-For retirement plans or accounts that do

		100		_	ب	۲.		ς,		
Pension/City of Houston Walue not as tolay i shed	Sp 457 hund(may be)	Sp Depenhermen Fund	p Metropolitan Like	Fund FOR Incomb	Sp First Investors			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
			 			r			None	>
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$\frac{1}{2}$				X		t	Indefinite			0
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15									\$25,000,001 - \$50,000,000	~
2									Over \$50,000,000	_
2				X					NONE	
								×	DIVIDENDS	
	1	2	3			×			RENT	
)	7	A				_		INTEREST	
\$	4			ļ		L	_	×	CAPITAL GAINS	
	,,,						<u> </u>		EXCEPTED/BLIND TRUST	
			:				Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Inco	ome)
			<u> </u>						None	
		<u> </u>	ļ					Щ	V 1 V 200	=
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								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

UNEARNED" INCOME

Con	Continuation Sheet (if needed)		Name /	house frake Los	rage or
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
		Value of Asset	of Income		
SP		A B C D E F G H I J K L			σ,
DC,		0 0 000 0,000 0,000			m ʻoʻ
ä		5,000 50,000 100,000 \$250,00 \$500,00 \$1,000, \$5,00 \$5,00 \$5,00	AINS /BLIND	,000 ,000 ,000 0,000 00,000 1,000,00	
		None \$1 - \$1,000 \$1,001 - \$1 \$15,001 - \$ \$50,001 - \$ \$250,001 - \$ \$500,001 - \$ \$5,000,001 \$5,000,001 \$25,000,001 \$25,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL G EXCEPTED Other Type (Spe	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,6 \$5,001 - \$15 \$15,001 - \$6 \$50,001 - \$1 \$100,001 - \$ \$1,000,001 - \$	
	BRENNON Stock	X	1/12	7/14	
	Company maynotex	125			
5	β-	×	Bond	2/4	
Ďζ	SOA C	*	Bund	4/2	
	Occidental Resportum	×		×	
	WRight Putman audit	*	×	×	
	Union			2	
20	Benk one	×	×	~	
	United Enoug Mesoures	×	×	×	
	(Chesit leason)				
	Capital Credit Union	×	**	×	
	Unity Bank	×			
	Wood Poelest Gank	*	***************************************	×	
	Wells Face o Bank				
	1	X	1/4	14	
87	Mars mutual 4.3(b)	×	7)/8	<i>→</i>	
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SCHEDULE V— LIABILITIES

Name The Land Land Page of the Page of the

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 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

7	\$	JI		SP, DC, JT	
CHAR Manhattan	Sallie Muc Savings Corp	Wells FARGO Bank	Example: First Bank of Wilmington, Delaware	Creditor	
Mortage Soon S.S.W	Educational Loan	Luan	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
00				\$10,001- \$15,000	П
	×			\$15,001- \$50,000	
		X		\$50,001- \$100,000	
\succeq			×	\$100,001- \$250,000 m	Amou
			_	\$500,000 "	nt of
				\$500,001- \$1,000,000	Amount of Liability
				\$1,000,001- \$5,000,000 <u></u> \$5,000,001	7
			_	\$5,000,001- \$25,000,000 \$25,000,001-	$\left\ \ \ \right\ $
			ļ	\$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 \$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

		Example:		
		Mr. Joseph	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

SCHEDULE VIII—POSITIONS

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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
Sp. Vice Chancellock	Sp. Vice Chancellor University of Houston
Sp. Board member	Morell of Dimes
Sp. Docard of O: perform	Sam Houston Bay Sweets
- Brand of Ornerton	
Advisory Bound	The Houston Grand Opena
	Temporaly Position For Non- Propiet Projects

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				

Name Theile
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
Faith and Politics	Mon. 8-9	Houston-Mont-Houston	γ	7	N	none
<u>;</u>		Houston-Rale, gh thuson	-۷	~	R	Jone
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