L	child because Yes	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	" income, trans	EXEMPTION —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.
No X	trusts" need not Yes	s of Official Conduct and certain other "excepted spouse, 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?
SNOI	EACH OF THESE QUESTIONS	— ANSWER	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	¥ ⊠	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.
	arrangement with Yes	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.
№	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.	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.
□ No No	d receive any in the reporting Yes	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.
™	receive any gregating more Yes	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.	S _o	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. Yes
		E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
Il be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Status Member of the U.S. State: Status House of Representatives District: Report Annual (May 15) Amendment
AAAAAA 会	Heuse Oddinates		,	
: 06	ZUGS HAY 15 PM 2: 06	Daytime Telephone:3/5 - 465-526/	Daytime 1	Name: John M. McHush
O	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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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

Source Type Am	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples. Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
STATE OF AD YOOK	Legis april 120,000	30,000
	-	

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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
	ST HOLD	70g. 10, 2000	\$200
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8 ŞP, dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or optional column on the far left. If you so choose, you may indicate that an asset interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or Block A. For additional information, see the not self-directed, name the institution holding the which generated more than \$200 in "unearned" Government retirement programs. less in personal savings accounts; any financial 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 instruction booklet. period. For an active business that is not publicly account and its value at the end of the reporting reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information not exercised, to select the specific investments). names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value traded, state the name of the business, the nature (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement Identify (a) each asset held for investment or pro-Examples. KON BEN DA Story Asset and/or Income Source Federal activities, and its geographic location in Ommunity Solver BANK Sey Box NA つったがない SP Mega Corp. Stock Smon & Schuster 1st Bank of Paducah, KY Accounts BLOCK A へあくごと Engly years いいい redora 9 > None generated income, the value should be please specify the method used. year and is included only because it If an asset was sold during the reporting method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of None." 1 - 1,000₿ Indefinite O \$1,001 - \$15,000 \$15,001 - \$50,000 Value of Asset × ш \$50,001 - \$100,000 BLOCK B × T \$100,001 - \$250,000 a \$250,001 -- \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE not allow you to choose specific investments, you may write "NA." For ate any income during calendar year Check "None" if asset did not genervested, should be listed as income Dividends and interest, even if reining the appropriate box below. indicate the type of income by checkall other assets *including all IRAs*, retirement plans or accounts that do Check all columns that apply. For × DIVIDENDS \times RENT Type of Income INTEREST BLOCK C × CAPITAL GAINS **EXCEPTED/BLIND TRUST** Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None or generated. Check "None" if no income was earned vested, should be listed as income. Dividends and interest, even if reinchecking the appropriate box below. indicate the category of income by For all other assets, including all IRAs, not allow you to choose specific investments, you may write "NA" for income. For retirement plans or accounts that do × マ \$1 - \$200= ズ = \$201 - \$1,000 Amount of Income × ₹ \$1,001 - \$2,500< BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 ≤ ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 × \$100,001 - \$1,000,000 $\overline{\mathbf{x}}$ × \$1,000,001 - \$5,000,000 × Over \$5,000,000 exchanges (E) example. See below for as follows: asset is sold, portion of an \$1000 in exceeding please indicate If only a sales (S), or purchases (P) asset had Indicate if the **Fransaction** reporting year Ø (S) (partial) BLOCK E (partial) пοσ

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME \exists DC Ş. 下でする のまりいらいから Asset and/or Income Source ⊳ None 8 \$1 - \$1,000 O \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset Ш \$50,001 ~ \$100,000 Year-End BLOCK B т \$100,001 - \$250,000 υ E \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) John M. Mc Jux None \$1 ~ \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$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 Transaction BLOCK E C σ, Q, m _ot_10

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SCHEDULE IV— TRANSACTIONS

Name John M. Mc High

												$\eta_{\mathfrak{d}}$	Example: Mega Coporation C	SP, DC, JT Asset	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,
						i			:						PURCHASE		of Tr
K													×		SALE	····	Type
															EXCHANGE		Type of Transaction
													10-12-08		Or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
							·	 							\$1,001- \$15,000	Œ.	_
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		-						 					_		\$100,001- \$250,000	ш	Amount of
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_								 					_		\$5,000,000 \$5,000,001-	=	ction
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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.

		SP, DC,
Jone	Example: First Bank of Wilmington, Delaware	Creditor
	Mortgage on 123 Main St., Dover, Del.	Type of Liability
		\$10,001- 5 \$15,000
		\$15,001- \$50,000
		\$50,001- \$100,000
	×	\$100,001- \$250,000
	L	\$250,001- \$500,000 T
		\$100,001- \$250,000- \$250,001- \$500,000- \$1,000,001- \$1,000,001-
		\$5,000,000
	-	\$5,000,001- \$25,000,000
	_	\$25,000,001- \$50,000,000
		\$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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
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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	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	¥	Υ	2 Days
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	֓֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜
	֡֜֝֜֝֓֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֜֓֓֓֡֓֓֓֡֓֡֓֜֓֡֓֓֡֓֡֓֡֓֡	

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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, organization, or any educational or other institution other than the United States.

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
& MEMBER BOOKS	United STATES Military AcAdemy of West Point

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	
		SHOW	Parties To	
			Terms of Agreement	