

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**HAND  
 DELIVERED**

Name: John Conyers, Jr.

Daytime Telephone: 202.512.6200

ME

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Michigan</u>	District: <u>14th</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination			

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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.

[illegible]

## 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.

[illegible]

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**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

John Conyers, Jr

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Amount of Transaction

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# SCHEDULE V— LIABILITIES

Name

John Conyers, Jr.

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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, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	Congressional Federal Credit Union	Overdraft Reason	X										
	Saltier Mae	Unsecured loan	X										

# 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
NA		

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Name

John Conway Jr.

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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.  
**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 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? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
Association of American Law Schools	Jan 3, 2008	DC-NYC-DC	N	Y	N	None
Elb Roo Productions	JAN 20-22	DTW - Salt Lake City - bca	Y	N	N	None
Citizenship Education Fund University of Michigan School of Med. and Shel. Michigan Medical Association	Jan 3-4	DTW-LGA-DTW	Y	N	N	None
Student Physician Medical Association Natl. Nurses Org. Comm. - Cardio. Nurses His. and Physicians for Natl. Health Program Poor People Economic Human Rights Campaign	March 22	DTW-NY-DTW	N	N	N	—
	March 1-2	Provided own transportation	N	N	N	—
	April 11-12	BWI - CHC - DTW	Y	Y	N	—
	April 25-26	DTW-MPS-DTW	Y	Y	N	—
Natl. Association of American Pub. Lawyers	May 2-3	DC-NY-DC	Y	Y	N	—
Association of Community Pharmacists	June 28	DTW-Raleigh-Chicago	N	Y	N	—
Howard S. Green Library Institute	July 28	DTW-Kansas City-DC	Y	Y	N	—
Northland for Healthcare B11	Aug. 11	DTW-Kansas City-DC	N	Y	N	—
Physicians for a Healthier NY Chapter	Sept. 19	DC-LGA	Y	Y	N	—
Director's Union of America	Oct 17	DTW-LGA-DTW	Y	Y	N	—
Healthcare Exec. Netw	Nov 15-16	DC-Chicago-DC	Y	N	N	—





