×	Yes	child because	sactions, or liabilities of a spouse or dependent	" income, trans	<b>EXEMPTION</b> —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?
No No	Yes	trusts" need not	of Official Conduct and certain other "excepted souse, 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?
3	UESTIONS	F THESE Q	MATION — ANSWER EACH O	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
the inse.	wered and 'Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No 🔀	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	arrangement with	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.
	Yes	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.	No	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.	Yes	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	No X	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.
No X	Yes	regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No.	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  If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
ssessed ore than	lty shall be a ne who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office:  e  Termination Termination Date:	Officer or Employee	Status Member of the U.S. State: 1 N
Z	(Office Use Only)	# <b>0</b> #			(Full Name)
	2:47	200 503 - 14 PH 2: 47	425-928-1456		David Davis
	Table Services	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			2008
	JAN 2 0 ZUUY	JAN	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For Mar Calendar Year Reporting Period
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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 exceeding \$1,000. See examples below.

Exclude:	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
_	Source	Туре	Âmouni
	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$9,000
Examples.		Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
Z	NA		

Name David
Davis
Page.

# 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.

יייייייייייייייייייייייייייייייייייייי	S mily paolago:		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
1/A			

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DU Priamerica	of Priamerica	DC Priamerica	IT COMPRESION (Predit In)	It Cower Cambey Bank	AllianzAnnu tu	JT 1st Bank of Paducah, KY Accounts		SP, SP Mega Corp. Stock	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 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.	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 asset 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).
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6 B 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			4 / go ( )	7 X 4		X 25 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Royalties	X X X X X X X X X X X X X X X X X X X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDABLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C  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 calendar year.
・ 日本	の の の の の の の の の の の の の の の の の の の	ではなった。 ではなった。 ではなった。 ではなった。 ではなった。 ではなった。 ではなった。 ではない。 ではなった。 ではなな。 ではな。			を で で で で で で で で で で で で で で で で で で で	10 mm   10	・	できる 一年	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 IHAs, 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 received.
							111111111111111111111111111111111111111	S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), collec (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name David Davis

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						Transhmenica	Trans Amurica	<b>P</b>	<u>,</u>	Shared Health Service	Putam	Putthen Fund	Prindential	(maentra)	rulentia.	Francis	truent a	ruseria	Prince of	riumerille		BLOCK A  Asset and/or Income Source
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									•	×	,										\$500,001 ÷ \$1,000,000	B nd 1sset
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						×				•											RENT INTEREST CAPITAL GAINS	BLO Ty of In
			8													:					Other Type of Income (Specify)	BLOCK C Type of Income
			2.		*	×	*	>	₹,	×	8	×	X	×	8	X	X	×	×	×	None –	<b></b>
ì																				`	\$201 - \$1,000 \( \equiv \) \( \text{\$1,001} - \$2,500 \) \( \text{\$2,501} - \$5,000 \) \( \text{\$5,001} - \$15,000 \) \( \text{\$5}	BLOCK D  Amount of Income
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																					ர வூ	BLOCK E Transaction

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## SCHEDULE IV— TRANSACTIONS

Name David Davis

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															N/A	Example: Mega Coporation C	SP, DC, JT Asset	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.	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	stocks, bonds, commodities futures, or other securities when the 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,
		A. Weller, W.									A Mark Mark Mark Mark Mark Mark Mark Mark					And the factor of the first of		PÚPC	HASE		of Tr
																×		SALE	<u> </u>		Type of Transaction
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																10-12-07		Bj-weekly, if applicable	Quarterly, Monthly, or	(MO/DAY/YR)	Date
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																		Over \$50,000	,000	~	

#### SCHEDULE V— LIABILITIES

Name David Davis

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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.

-								
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				NIA	Example: First Bank of Wilmington, Delaware	Creditor		
					Mortgage on 123 Main St., Dover, Del.	Type of Liability		
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						\$15,001- \$50,000	ဂ	
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#### 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 \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 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

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)
N/A	

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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 \$305 received by 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

un were paid by you and reimbursed by the opensor.

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?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Evamples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
- CAdinipies.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
2	NA						
		i					

#### SCHEDULE VIII—POSITIONS

Name David Davis

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

		President	Position
		Shared Health Services Inc. (51% Stock ownership)	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

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Date					
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Parties To					
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Terms					
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