No X	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	f" 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.	EXEMPTION—Have yo they meet all three tests
№	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	e on standards ng you, your sp	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?	TRUSTS—Details regar
S	UESTION	FTHESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
I the onse.	wered and Yes" resp	must be ansved for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _O	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes	V. Did you, your spouse, or a dependent c liability (more than \$10,000) during the rel if yes, complete and attach Schedule V
8	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.	IV. Did you, your spouse, or a dependent cor exchange any reportable asset in a tran \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
8	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.		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.	III. Did you, your spouse, or a dependent clincome of more than \$200 in the reporting reportable asset worth more than \$1,000 a If yes, complete and attach Schedule III.
S	Yes X	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 \$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.	II. Did any individual or organization make lieu of paying you for a speech, appearan reporting period? If yes, complete and attach Schedule II
₹ *	eg 	receive any regating more	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.	№	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 Yes	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
	:		E QUESTIONS	OF THESE	INFORMATION — ANSWER EACH	PRELIMINARY II
more than	e wno nies	against anyone who nies more than 30 days late.	Termination Date:		Annual (May 15) Amendment	Report An
assessed	y shall be	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	Member of the U.S. State: MZ House of Representatives District: OS	Status Me
19:19	20011/15 KI 9: 19 (Office Use Only)	MC 3030;	Daytime Telephone: るつつ. ショミ. 4ヵ55	Daytime T	H ELLISON	Name: KSITH
	HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES

SCHEDULE I - EARNED INCOME

Name Keith M Ellison

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.

Source	Ty	Type Amount	
Guadalupe Alternative Programs	Spouse Salary	N/A	
Community Action Partnership	Spouse Salary	N/A	1

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Name Keith M Ellison

	Nation			
BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
t and/or Income Source the asset held for investment or production of income with	Year-End	Type of Income Check all columns that	Amount of Income For retirement plans or	Transaction Indicate if asset
value exceeding \$1,000 at the end of the reporting period. The rassets or sources of income which generated more unearned" income during the year. For rental property or a complete address. Provide full names of stocks and do not use ticker symbols). For all IRAs and other transported to select the constitution of the power agent find aversised to select the constitution.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	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 libe indirect the two of	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 chocking the	had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in
ave the power, even if not exercised, to select the specific provide the value and income information on each asset that exceeds the reporting threshold. For retirement not self-directed, name the institution holding the account the end of the reporting period. For an active business licly traded, state the name of the business, the nature of nd its geographic location in Block A. For additional se the instruction booklet.	method used. If an asset was sold and is included only because it is generated income, the value should be "None."	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.	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.	
personal residence(s) (unless there is rental income); any rou by your spouse, or by your or your spouse's child, rng; any deposits totaling \$5,000 or less in personal rnts; any financial interest in or income derived from U.S. stirement programs.		Calling the contribution year.		
se, you may indicate that an asset or income source is ouse (SP) or dependent child (DC) or is jointly held (JT), column on the far left.				
Hartford Advisors Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Dividend & Growth Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Int'l Opp Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Mid-Cap Value Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Hartford Small Cap Fund	\$1 - \$1,000	None	NONE	
Hartford Stock Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	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 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, garent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retrement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (\$P) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. Hartford Dividend & Growth Hartford Small Cap Fund Hartford Small Cap Fund Hartford Small Cap Fund Hartford Small Cap Fund	BLOCK Year-E BLOCK Year-E Walue of at the end of the reporting period, of income which generated more not the reporting period. If no which generated more of the year. For rental property or ovide full names of stocks and other plans not exercised, to select the specific ncome information on each asset ting threshold. For retirement the institution holding the account the institution holding the account the value show in Block A. For additional let. (unless there is rental income); any by your or your spouse's child, ag \$5,000 or less in personal set in or income derived from U.S. To Fund P Fund ST Fund St - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00 \$1 - \$1,00	BLOCK B Source BLOCK B Year-End Value of Asset at close of reporting period, at close and policy. For all IRAs and other policy is that are self directed (i.e., plans not exercised, to select the specific moome information on each asset ting threshold. For retirement the institution holding the account gar. If you use a valuation method other 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." "None." S Fund Year-End Value of Asset A close of reporting year. If you used and close of reporting year. If you used a valuation method other than fair market value, pleases specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." "None." S Fund \$1 - \$1,000 \$1 - \$1,000 Yalue Fund \$1 - \$1,000 \$1 - \$1,000 \$1 - \$1,000 \$1 - \$1,000	BLOCK B Year-End Year-End Year-End Yalue of Asset Apply. For retirement, you Yalue of Asset Yalue of As

SCHEDULE III -	
CHEDULE III - ASSETS AND "UNEARNED" INCOME	

Hartford US Gov't Sec Fund

Name Keith M Ellison

DIVIDENDS

\$1 - \$1,000

\$1 - \$200

Name Keith M Ellison

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.

SP, DC, JT
Creditor
Type of Liability
Amount of Liability

Name
KEITH
211
NOSI

Page ____ of__

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
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	~	~	Υ	2 Days
SOCIETY OF MIZZEBOTA	NOV. 24-	MSP - ARABIA - MSP	4	_	Z	None
ADVANCEMENT OF COLORED THE JULY 14-	July 18 -	MSP -CINCINNATI - DCA	~	~	て	None
GLOBAL POLICY EXCHANGE	Nov. 8 -	DC - AMSTERDAM - DC		て	~	None
				_		
				ļ 		