

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

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David Davis

(Full Name)

202-225-6356

(Daytime Telephone)

Filer Status
☒ Member of the U.S. House of Representatives

State: TN
District: 1st

☐ Officer Or Employee
Employing Office:

Report Type
☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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 \$305 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

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

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2008 MAY 15 AM 9:30

OFFICE OF THE CLERK
(Disclose Only) THE CLERK

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 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.</p> <p>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, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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.</p>		<p>at close of reporting year. If you use a valuation method other than fair market 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."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	AllianzAnnuity	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Carter County Bank	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Congressional Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	Primerica LMP Division Stragety 1	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Primerica LMP Division Strategy 1	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$1,001 - \$2,500	
DC2	Primerica LMP Division Strategy 1	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Primerica LMP Div. Strategy 1-IRA	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$2,501 - \$5,000	
SP	Prudential Conservative Balanced Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Prudential Conservative Balanced Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Prudential Equity Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Prudential Equity Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
JT	Prudential Flex Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Prudential Flex Managed Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
SP	Prudential Government Income Fund	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Putnam Fund for Growth & Income (Banc of America)	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
SP	Putnam Fund for Growth & Income (Banc of America)	\$1 - \$1,000	DIVIDENDS/INTE REST	NONE	
JT	Shared Health Services, Inc, Johnson City TN	\$1,000,001 - \$5,000,000	None	NONE	
JT	State of Tennessee 401k	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Transamerica Capital Guardian Value	\$1 - \$1,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
SP	Transamerica Equity Fund	\$1 - \$1,000	DIVIDENDS/INTE REST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC2	Primerica LMP Division Strategy 1	S(part)	1/26/07	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President Council Member	Milligan College
Board Member	Fresh Start Surgical Gifts
President	Shared Health Services, Inc.

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	owns 51% of stock - 20% given to employees/not sold	Shared Health Services, Inc. (Hyperbaric oxygen)