<b>₹</b>	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, tran	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No 🔀	t Yes	trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	on standards	<b>TRUSTS</b> —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?
<i>(</i> )	QUESTIONS	FTHESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	וswered and "Yes" respo	must be an 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.
No X	Yes	arrangement wit	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No U	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 dat	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.
<b>₹</b>	Yes	d receive any n the reporting a)?	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.	× ×	It. 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.
N <sub>o</sub>	Yes	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 \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No X	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 THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed tore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late.	r Employing Office:  ae  Termination Date:  1/3/09	Officer or Employee	Status Member of the U.S. State:  Status House of Representatives District:  Report Annual (May 15)  Amendment
Z	(Office Use Only)		207 - 772 - 2922 (Daytime Telephone)		THOMAS H. ALLEN
	FEB 0 2 2009)	FEB	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For STATE Calendar Year Reporting Period 2008

UBS INTERITED IRA	UBS INHERITED IRA	AN FUNDS. 1	ENVER (C	T AMERICAN FUNDS L	UBS FINANCIAL SERV	JT 1st Bank of Paducah,	Examples:	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.	BLOCK A  SSET and/or Incor  (a) each asset held for of income with a ng \$1,000 at the end o (b) any other asset or lenerated more than \$ during the year. For during the year and of stocks and mutual rmbols). For all IRAs a such as 401(k) plans) the ans in which you have cosed, to select the sp
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	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<b>X</b>				Indefinite	X	\$1,001 - \$15,000	Value ate value riting year. od other se specify asset was and is in rated incoe."
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×		****	×	×		× 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		×	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS	Type of II Check all columns retirement plans or mot allow you to investments, you may all other assets inc include the appropriation of the appropriation o
X							i .	X 4	CAPTIAL GAINS	BLC
2 7 5 7 A A S A C	स्य <i>, दे</i> स्य १ १	2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* 40 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4	N	4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Royalties	44.	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, including the appropriate 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.
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	では、 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	マスカー マスト	を 日本	を 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	1.7		1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)  None	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name THOMAS H. ALLEN

ALLEN Page 4 of 6

DRUMMOND WOODSYM PSP VANGUARD WOODSYM PSP DRUMMOND WOODSYM PSP GROWTH FUND OF AMER ICHA RETIRE, CORP GROWTH J=UND	DRUMMAND WOODSI VANGUARD WOOD GROWTH FUND ICHA RETIRE, CO 1-4 NO	DRUMMAND WOODS  WANGUARD WOOD  GROWTH FUND  ICHA RETIRE, CO  JEUND	DRUMMAND WOODS	DRUMMAND WOODS	DRUMMAND WOODS	DRUMMAND LOODS VANGUARD LOODS DRUMMAND LOOD GROWTH FUND C ICHA RETIRE, CO	DRUMMAND WOODS	DRUMMAND WOODS	DRUMMAND WOODS	DRUMMAND LOODSI  VANGUARD LOODS  VANGUARD LOOD  GROWTH FUND  GROWTH FU	DRUMMAND WOODS	DRUMMAND LOODS	DRUMMAND WOODS	DRUMMAND WOODS	FED INTENTED			AMER MUTUAL FUND	URS INHEMITED	21	UBS INHERITED	SP, DC, JT	BLOCK A  Asset and/or Income Source	1
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## **SCHEDULE IV— TRANSACTIONS**

Name THOMAS H.