hild because Yes No X	sactions, or liabilities of a spouse or dependent child because	3" 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?
rusts" need not Yes No X	of Official Conduct and certain other "excepted trapouse, or dependent child?	e on standards ng you, your s	<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?
ANSWER EACH OF THESE QUESTIONS		T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S S	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.
rrangement with  Yes No No	<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	S S	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.
before the date  Yes No No	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.	S	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.
receive any the reporting Yes No X	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.	<u>\$</u>	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.
eceive any egating more Yes No	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 U	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?  Wes Complete and attach Schedule I.
	E ODESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Date:	Officer or Employee	Status  Member of the U.S. State: 7  House of Representatives District: 26  Report Type Annual (May 15)  Amendment
(Office Ask Only)	202-258-6622 (Daytime Telephone)		Thomas M Reynolds
HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES  2008 FINANCIAL DISCLOSURE STATEMENT  For The Calendar Year Reporting Period

## SCHEDULE I — EARNED INCOME

Page 숙

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.	efits received under the Social Sec	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ontario County Board of Education	Spouse Salary	NA S
State of New York Retwement System	Dension	25,201
MJ Peterson Real Estate	Spouse Commissions	NA

	Name	
	7	
_	Sey	
	Peynolds	
	·	
	Page <u></u>	
	\   a	

# 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.

COLOUCE A disease allocate for its allocated and exercises a second paragraph of the colours of	IIIII Q package:		
Source	Activity	Date	Amount
Association of American Associations, Washington DC  Examples: XYZ Magazine	Speech Article	Feb. 2, 2007 Aug. 13, 2007	\$2,000 \$500
FIRST Neagare Dank, S Transit Rd, LockbertiNy Go progence	Go Beerance With remove	Oct 20,208	# 1000
		1	

	IT Kee Bank Monry Morket	IT Key Bank MM Savings	First Niagors Bank	Ene Co Employees Credit Union	Key Bank Money Murket	JT 1st Bank of Paducah, KY Accounts	!	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'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  for Income Source set held for investment to with a fair market at the end of the reporting or asset or sources of interest of the end of the reporting or than \$200 in "uner year. For rental proper mplete address. Proving multual funds (do not all IRAs and other retires) you have the power, elect the specific investment and the power, elect the specific investment.
・ できない (大きな) (大き	東京の 一	1	を できない 女 で で で で で で で で で で で で で で で で で で	1	2 / C 4 / C	1	Indefinite	で	None \$1-\$1,000 \$1,001-\$15,000 \$1,001-\$50,000 \$50,001-\$50,000 \$250,001-\$500,000 \$250,001-\$500,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$55,000,000 \$25,000,001-\$55,000,000	BLOCK B  Value of Asset  Indicate value of asset 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 during the reporting year and is included only because it generated income, the value should be rents),  BLOCK B  Value of Asset  reporting year. If you use a valuation method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be
	# 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7 A S A S A S A S A S A S A S A S A S A	( ( 2 R h h h ) ( 1 R h h h h h h h h h h h h h h h h h h	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	Royalties	X X X X X X X X X X X X X X X X X X X	Over \$50,000,000  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTEDIBLIND 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 belowing the appropriate box. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
を は は から から は は は から から は は は は	は、なるない。 をはない。 をはない。 をはない。 をはない。 をはない。 をなる。 をなる。 をなる。 をなる。 をなる。 をなる。 をなる。 をなる	日本 日	を から		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	大学 大	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	None	BLOCK D  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, <i>including all IRAs</i> , 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.
								S (partial)	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)  $\dashv$ DÇ, SP, のころなとに H102 Asset and/or income Source Stamburg, NY 14075 (1/2 porther 6200 SouthPark Ave Ongressiona I towal trai Growth Fund of America 6710mm Ploncer Protected Kincy plus Fund II class B HXA Snowpine Village Checking accom BLOCK A I しているとっと Financial Services Sauma hecking None Œ \$1 - \$1,000 O \$1,001 - \$15,000 U \$15,001 + \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 <u>a</u> \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 خ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,(100 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None **±** Keyrolas \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 **z**< \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 XI WIN IV \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 1 Transaction BLOCK E ם, מי ש 9

This page may be copied if more space is required.

## **SCHEDULE IV— TRANSACTIONS**

Name T, Reynolds

Page 6 of

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,	Type of Transaction	oe saction	Date		Ama	Amount of		Transaction	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange	・		(MO/DAY/YR) or	C	<b>9</b>	m	G		<b>.</b>
transaction. Do not report a transaction between you, your spouse.	ASE	/ NGI	Quarterly,	**************************************	9	0	<u>* . 4 . 4</u> 1	C1-	001- 400
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	<b>PURC</b>	EXCH	Bi-weekly, if applicable	1,001- 15,000 15,001- 50,000	50,001- 100,000	100,001 250,000 <b>250,00</b> 1	<b>500,00</b> 0 500,001 1,000,0	<b>1,000,0</b> <b>5,000,0</b> 5,000,0	25,000, 25,000, 50,000, Over 50,000,
sold, please so indicate (i.e., "partial sale"). See example below.				\$	3 5	\$	\$	\$	\$
JT									
SP Example: Mega Coporation Common Stock (partial sale)	×	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10-12-07	×	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 9 3. 9 5. 9	3.0		
JT 6200 South Park Ave, Hambur, NV 1805	**************************************		80-11-7	×			* - A . A		
(1/2 partner) - partial sale 1-							4 4 2 3		
lot frontage to NYS DOT for							14703		
road right of wox							· · · · · · · · · · · · · · · · · · ·		
						# # # # # # # # # # # # # # # # # # #	7 7 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	・	445
							** \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A DESCRIPTION OF THE PROPERTY	
								The second secon	
				Table State of the Control of the Co			3 1 2 2		
							******		
				**************************************	# 4 # 6 # 6 # 6 # 6 # 6 # 6 # 6 # 6 # 6				
								10年 10年 11年 11年 11年 11年 11年 11年 11年 11年	
		***				) (A)	2 2 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
							****		

### SCHEDULE V— LIABILITIES

Name T. Reynolds

Page 7 of 9

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. 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

					를 통해 	, 	
		Cha	1705	Example:			
		Chase Card Services	Seth Abbott	First Bank of Wilmington, Delaware	Creditor		
	_						
	(	Revolving Charge	VIllage, 18/1/6+11/16, MY	Mortgage on 12	Туре		
	(	Charge Card	t 10 I Snow Pine	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
>		~		٠, ٠	\$1,001- \$15,000	Œ	
			$\times$		\$15,001- \$50,000	ဂ	
			,		\$50,001- \$100,000	D	
	_	}		×	\$100,001- \$250,000 \$250,001-	Т	Amou
	·	*,			\$500,000 \$500,001	TT:	nt of I
					\$1,000,000 \$1,000,001	G H	Amount of Liability
					\$5,000,000 \$5,000,001-	_	
					\$25,000,000 \$25,000,00 \$50,000,00	[ <b>-</b>	
	 <u> </u>		1	┢	Over	<u>,                                     </u>	

#### **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 Desci	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
Nove		

	Name
	_1
	-)
	Re
-	~
1	note
	5

#### Page O of

## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 \$305 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

spouse or dependent child that is totally independent of his or her relationship to you. 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

Examples: Chicago Chamber of Commerce Roycroft Corporation None Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— City of Return DC-Los Angeles-Cleveland DC—Chicago—DC Lodging? (Y/N ~ z Food? ≺ z Member Included? Was a Family (Y/N) z at sponsor's expense Number of days not 2 Days None

This page may be copied if more space is required

O
I
Ш
Č
Ē
Ш
~
$\equiv$
Ŧ
J
Ō
0
ဟ
=
=
2
Z
S

S

me Ti Reynolds

Page of of

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.

	Real Estate Broker	Position	
	Thomas M Reynolds Real Estate Broker	Name of Organization	

### SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	