	child because Yes	sactions, or liabilities of a spouse or dependent o	d" income, tran	<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 X	trusts" need not Yes	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on standards ing you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
TIONS	FTHESE QUESTIONS	MATION — ANSWER EACH OF THESE	ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
d and the response.	must be answered for each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	§  ×	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.
<b>□</b>	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	D <sub>S</sub>	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.
□ 8 ×	or before the date Yes	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.	N <sub>0</sub> □	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 ne reporting Yes	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.	×	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.
<b>□</b> × ×	receive any regating more Yes	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 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 X
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE
ill be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office:  ae  Termination Date:	Officer or Employee	Filer Member of the U.S. State: 17  Status House of Representatives District: 14 L  Report Annual (May 15) Amendment
ERK MES MC	U.S. HOUSE GOMER RESENTATIVES			
կ։ 53	2008 MAY 22 PM 4: 53	202.225.4115		Peter P. Work
DE CENTER	THE STATE RESOURCE CENTER			
	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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Name
Peter
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Page \_\_ot/3

#### 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.

						D.J. St GERMAIN (IRA)		<u>(on </u>	(Oct. 2nd)	State of Maryland		Source	<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits
						H R A	Pension	Spouse Salary	pouse Speech	Legislative Pension	Approved Teaching Fee	Туре	benefits received under the Social Security Act.
						1,935	10,647	NA	\$1,000	\$9,000	\$6,000	Amount	curity Act.

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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. 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

Source  Association of American Associations, Washington DC  XYZ Magazine  ASSOCIATION OF American Associations, Washington DC  XYZ Magazine	Activity Speech Article	<b>Date</b> Feb. 2, 2007  Aug. 13, 2007	\$2,000 \$500

FID CONT	SUN MICRO	BITE DIZ	MICROSOF	10) ISY	1 54 4 Key 7	JT 1st Bar	DC, Examples: Simon	SP, SP Mega	each asset in the account that exce reporting threshold. For retirement plans not self-directed, name the institution ho account and its value at the end of the reperiod. For an active business that is not traded, state the name of the business, the of its activities, and its geographic loc Block A. For additional information, instruction booklet.  Exclude: Your personal residence(s) there is rental income); any debt owed to your spouse, or by you or your spouse parent, or sibling; any deposits totalling \$ less in personal savings accounts; any interest in or income derived fro Government retirement programs.  If you so choose, you may indicate that or income source is that of your spouse dependent child (DC) or is jointly held (JI optional column on the far left.	duction of income with exceeding \$1,000 at the eight od, and (b) any other asset which generated more the income during the year land, provide a complete names of stocks and multicker symbols). For <b>all IRI</b> , plans (such as 401(k) plan (i.e., plans in which you had exercised to select the provide the value and in
CONTRAFOND	, RO			0 R P	BEM211 (202)	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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.	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 IHAs 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
		K 1 2 7 1		, , , ,		┞	_	-	None > 3	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 "None."
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	21.7	13.5	*	<del>;</del>	<u> </u>	1	∄e		\$15,001 - \$50,000	oth oth dis
<u> </u>	~			~		T		×	\$50,001 - \$100,000	value year. other t pecify t pet was s et was s d is incon d incon
	3 -	<b>.</b>		1	*	×			\$100,001 - \$250,000	of If y than the resold sold he, ne,
									\$250,001 – \$500,000 °	of asset at close of If you use a valuation than fair market value, the method used.  Sold during the reporting cluded only because it me, the value should be
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~	, ,	, w 1	<b>*</b>	:	<u> </u>	L	-	×	DIVIDENDS	Check all columns retirement plans or not allow you to investments, you ma all other assets <i>inc</i> indicate the type of ing the appropria Dividends and intervested, should be lift Check "None" if assate any income durit
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*		×	7	メ	×	╀	-	×	CAPITAL GAINS	columns the plans or according to character you to character ts, you may assets incluse type of incompleting appropriate and interest nould be list one" if asset come during
	4_					1	Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm 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 <i>including all IRAs</i> , 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.
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1114	143	215	*			1	1.	L	\$1 - \$200 ==	allo allo allo icate icate sckin ider ider sckin
X					<del> </del>	<b> </b>	-	1.	\$201 - \$1,000 =	For retirement mot allow you ments, you may ments, you may For all other as indicate the checking the <b>Dividends an vested, shoul</b> Check "None"
1, 1, 1, 1, 1	<u> </u>	, , ,		×	1		1	×	\$1,001 - \$2,500 <	may rass e c e c e c e c e c e c e c e c e c e
¥ 232			<del>                                     </del>	*****	×	1		-	\$2,501 - \$5,000 <	t plans or acco t to choose sp nay write "NA" assets, <i>includi</i> assets, <i>includi</i> category of appropriate appropriate if no income w
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			k 1 2 2		<del>                                     </del>	-	<u> </u>	┼-	\$15,001 - \$50,000 <u>\$</u>	accompany of ted new
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		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>                                     </del>	14.		t	1.	+-	\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	rest. Mes. by by hed.
		<u>-</u> ~	7	ਦ		十	+	S	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name	Pa	Page 4 of (3
Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) AMOR COUT I'V GR. AMER. GEW'L LIFE\* 10 MCRES, HATTLAND BINT MONUMENT LIFE\* Asset and/or Income Source U.S. HOUSE SAVIMES サイジス WACKDVIA CASK MEMT MACHONIA J-P. MORGAN WIE (MA SH M RCS - SIMRES MAFF としていい 0251 **BLOCK A** との MINKS Z . Y ואל'ר This page may be copied if more space is required. SPAR S. KORCH 600 None  $\boldsymbol{\varpi}$ \$1 - \$1,000 X 0 \$1,001 - \$15,000 X O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 71 \* \$100,001 - \$250,000 ۵ ت \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 ۲., \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 K Over \$50,000,000 X NONE REPORTED TOLETHER IN DT UNDER AMER OF VALUE) XX X メ DIVIDENDS ブ RENT × INTEREST × × of Income BLOCK C Y Type CAPITAL GAINS × EXCEPTED/BLIND TRUST Name Other Type of Income (Specify) X X None XX × == 1 \$1 - \$200Amount of Income Ξ ~ \$201 - \$1,000 < \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 | VI | VII | VIII | IX |  $\times \times$ \$5,001 - \$15,000 メ \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Page 6 of 17 Transaction マ(かにない) V V ┪ 4 J せ 4 BLOCK E

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### SCHEDULE IV— TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property.	of Tr	Type of Transaction	ction	Date			Amo	unt c	of Tra	Amount of Transaction	i o n		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions			· ( = 4 4	(MO/DAY/YR)		ი ,		m	o G	<b>T</b>	_	4	<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between your spouse	ASE		NGE	or Quarterly,				* , * * .		ř	1-	01. 00	000
or your dependent child, or the purchase or sale of your personal	JRCH	 4LE	KCHAI		000	001- 000 001-	0,000 0,001	0,000 0,001	<b>0,000</b> 0.001-	00,00 00,00 00,00	00,00	0,000,0 0,000,0	r ,000,0
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#### SCHEDULE IV— TRANSACTIONS

Name

Page 8 of 13

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property.	of Tra	Type of Transaction	ction	Date			Am	Amount	으	rans	Transaction	9		
stocks, bonds, commodities tutures, 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	E		Έ	(MO/DAY/YR)	æ	n	Ţ, <b>O</b> .	ш	71	۵	I	_	٠. ح	7
transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	PURCHASE	SALE	EXCHANGE	Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001~ \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
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Name

#### SCHEDULE IV TRANSACTIONS

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amount of the transaction exceeded \$1,000. Include transactions (MO/DAY/YR) B C D E F G H I J K

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Name

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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.

SP, DC, JT						
	Example:				İ	
Creditor	First Bank of Wilmington, Delaware		TH N			
Type of Liability	Mortgage on 123 Main St., Dover, Del.					
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Over \$50,000,000			<u>.</u>			

#### SCHEDULE VI— GIFTS

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.

**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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
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## 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 \$305 received by

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 or were paid by you and reimbursed by the sponsor.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Lyampics.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
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Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position
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#### SCHEDULE IX—AGREEMENTS

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. 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	, 1
			 Parties To	
			Terms of Agreement	