Yes No X	t child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No X	d trusts" need not	s 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?
UESTIONS	OF THESE G	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	must be ans ned for each	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.
Yes No	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.
Yes No	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.	No U	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.
Yes No No	d receive any in the reporting e)?	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.	× S	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.
Yes No X	d receive any gregating 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.	S _S	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 Yes X Yes X Yes Yes X Yes X
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assembled against anyone who files more than 30 days late.	A \$200 pena against anyon 30 days late	e Employing Office: Termination Date:	Officer or Employee	Status Member of the U.S. State: House of Representatives District: 26 Report Type Annual (May 15) Amendment
MCS. 1100 OTHER USE COMPANIALIVES	Medsinopon	(Daylime Telephone)		(Full Name)
2008 MAY 15 PM 4: 34	2008 MA	202-225-5265		Thomas M Reynolds
LEGISLATIVE PEODIFICE / FAIL O	LEGISLAT			
HAND DELIVERED #	ם	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name
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Page 2 of 7

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.

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.	ts received under the Social Secu	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State of New York Retrement System	Dension	25201
MJ Peterson Real Estate	Sparse Commissions	NA

		IT Key Bank Money Market	Credit Union	Grie County Employees	Key Bank Money Market		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 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 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 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).
					2		Indefinite	本 · · · · · · · · · · · · · · · · · · ·	None \$1 - \$1,000 \$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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$	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 "None."
\$ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		X		**************************************	1 2 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	X	Royalies	× × ×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST 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 including all 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 calendar year.
を から の で	日本 100 mm 100		を を を を を を を を を を を を を を を を を を を	を	を できる から	を できる	() () () () () () () () () ()		None	Amount of Income 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, including all IFAs, 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)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCI Con	SCHEDULE III—ASSETS AND Continuation Sheet (if needed)	-ASSETS AND "UNEARNED" INCOME et (if needed)	Z	Name /,	Reynolds	Page 4 of 7
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income		BLOCK D Amount of Income	BLOCK E Transaction
S.P.		ے 00			X X	ָס־, מ
DC, JT		\$15,000 \$50,000 \$100,000 - \$250,000 - \$500,000 - \$1,000,000 11 - \$5,000,000 11 - \$50,000,000 101 - \$50,000,000	DS T GAINS ED/BLIND-TRU	e of Income pecify)	2,500 5,000 15,000 \$50,000 \$100,000 - \$1,000,000 1 - \$5,000,000	-
		\$50,001 \$100,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00	RENT INTERES CAPITAL EXCEPT	(8		
	Congressional Federal Credit	X	X			
		X	×		X	
S	National Financial Sorios			TO A	X	
-	(AXA Adusais LC)			;		
18	Drawth Fundot America 8					
9	1 1					
	6200 S. Park Ave (1/2 partner	×	×	52		
	Hamburg, NY 14075				· · · · · · · · · · · · · · · · · · ·	
	H102 Snowpine Village		X			
	Glicottuille, NY (12 parton)					
					4.	

SCHEDULE IV- TRANSACTIONS

			· · · · · · · · · · · · · · · · · · ·	· "我们是我们的人,我们们们是我们的人,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们										(1/3 partnership)	OT LOTS East Hillestaks, Springylu	Example: Mega Coporation (SP, DC, JT Asset	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.	47 P. 4	* e	Report any purchase, sale, or exchange by you, your spouse or Type dependent child during the reporting year of any real property. Of Transaction
																		EXCHAI	IGE		ction
														6-1507		10-12-07	7 %	Monthly, or Bi-weekty, if applicable	(MO/DAY/YR) or Quarterly,	7	Date
) () () () ()																\$1,001 \$15,000		*	į.
	21154	28.3142					9.7.2.3	1 2 m	****		2 . · · · · · · · ·			\times		×	6 2 0 1	\$15,001- \$50,000	0		
																		\$50,001 \$100,000 \$100,001-	•		Amount
7 16	*	****		4445	(17.79)	725/TF		15394	10 CH 31	3 . 3 . 3	Jaga Fall			\$ 1.2.45 y	*****	12	23 W J	\$250,000	m		unt (
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2 1 2 2					5 4 6 1 4				## # 14 x x x		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		200			¥ / 4	() () () () () () () () () ()	\$1,000,000 \$1,000.00 \$5,000.000	,		Transaction
2444		****			3 j. (14)						4.5		1	100		7 % 4 % 7 %	40.0	\$5,000,001 \$25,000,00	- -	***	tion
													**************************************			10 mg		\$25,000,00 \$25,000,00		2	
*******		23.42			\$. *** #	***********	4 3 1 1 1	* 3 , 1 1	* * * * * * * * * * * * * * * * * * *	******		7.7.4.7		******			7 2 8	Over \$50,000,00			

SCHEDULE V— LIABILITIES

Name T, Reynolds

Page 6 of 7

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, Creditor Type of Liability Example: First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del Mortgage on 123 Main St., Dover, Del X X X X X X X X X X X X X	+	+				+				T
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 aduring the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; 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 account 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 First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del. X Seth Abbott Village (Clichtruils)										
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 a during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; labusiness 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 account cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. SP, Creditor Type of Liability Example: First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del. Mortgage on 123 Main St., Dover, Del. X X X X X X X X X X X X X X X X X X X							·			
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 a during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; li 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 account cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. SP, DC, JT Creditor Type of Liability Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del Type of Liability Type of Liability										
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 all during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; libusiness 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Type of Liability						X	•	mortgage on: H102 Snaupine	Seth Abbott	
Report liabilities of over \$10,000 owed to any one creditor <i>at any time</i> during the reporting period by you, your spouse, or dependent child. Mark the highest are during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; like 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 <i>revolving charge accounts</i> cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Type of Liability		_		×	`			Mortgage on 123 Main St., Dover, Del.	<u> </u>	
Report liabilities of over \$10,000 owed to any one creditor <i>at any time</i> during the reporting period by you, your spouse, or dependent child. Mark the highest are during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; like 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 <i>revolving charge accounts</i> cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Amount of Liability	\$5,000,000 \$5,000,001-	\$1,000,000 \$1,000,001-	\$500,000	\$250,000	\$50,001- \$100,000	\$15,001-	\$1,001- \$15,000	Type of Liability		
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 are during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; like 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Amount of Liability	_	9 *	71	n	2	2	,			_
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 are during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; like 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	1	iability.	unt of L	Amo			┫			٦
	nest ar ces; lia counts	he high appliand rge acc	. Mark t ure, or i ng chai	nt child. d furnit r evolvi	pender usehold eport <i>i</i>	or dep es, hou use. A	ouse, mobile ur spo	during the reporting period by you, your sp nless it is rented out); loans secured by auto s, or the child, parent, or sibling of you or you ceeded \$10,000.	Report liabilities of over \$10,000 owed to any one creditor at any time during the year. Exclude: Any mortgage on your personal residence (u business in which you own an interest; and liabilities owed to a spouse cards) only if the balance at the close of the preceding calendar year excented.	ខ្ចុច្ច

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.

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	Example:			
Source	Example: Mr. Joseph H. Smith, Anytown, Anystate	20 ON		
	Anytown, Anystate			
	Silver Platte			
	Silver Platter (determination on personal friendship received from Committee on Standards)			
Description	n personal friendshi			
on I	p received from Co			
} 	mmittee on Standa			
	ards)			
Value	\$325			
3				

SCHEDULE VIII—POSITIONS

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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

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

		_		 _
Date				
Parties To	NONE			
Terms of Agreement				