more than 30	Termination Date:	Termination	Amendment	Applied (May 15)	Report
anvone who		= ====================================	District: 01	House of Representatives	Status
A \$200 penal	Or Employing Office:	Officer Or	State: AZ	✓ Member of the U.S.	Filer
(Office Use	(Daytime Telephone)		e)	(Full Name)	
2000111		! 	TRICK	ANN KIRKPATRICK	
			,		
	For use by Members, officers, and employees		OSURE STATE	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALEND/
	FORM A Page 1 of 5	ITATIVES	EPRESEN	UNITED STATES HOUSE OF REPRESENTATIVES	UNITE

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against files days

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	8 <	Yes	on Standards of Official Conduct and certain other "excepted lils of such a trust benefiting you, your spouse, or dependent	mittee oort det	ne Cor his re	d by th	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Of trusts" need not be disclosed. Have you excluded from this report details of such a trust child?	
		<u> </u>	ON ANSWER EACH OF THESE QUESTION	MAT	Ş	T	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	1 m
			schedule attached for each "Yes" response.				If yes, complete and attach Schedule V.	
·v	priate	e appro	Each question in this part must be answered and the appropriate	<	No ✓	Yes	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?	<
			If yes, complete and attach Schedule IX.				If yes, complete and attach Schedule IV.	
<u> </u>	No √	Yes	Did you have any reportable agreement or arrangement with an outside entity?	⋝	o O	Yes 🛫 No	Did you, your spouse, or dependent child purchase, sell, or exchange any lV reportable asset in a transaction exceeding \$1,000 during the reporting period?	7
			If yes, complete and attach Schedule VIII.				If yes, complete and attach Schedule III.	
<u> </u>	Z S	Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	≤	S O	Yes ✔ No	I receive "unearned" income of nold any reportable asset worth	=
			from one source)? If yes, complete and attach Schedule VII.	;			If yes, complete and attach Schedule II.	
<	N _o	Yes	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335	` ≤	₹ <	ÿ.	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period? Yes	=
			exempt)? If yes, complete and attach Schedule VI.				If yes, complete and attach Schedule I.	
<u> </u>	₹ <	Υes	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	≤.	z	Yes ✔ No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 to or more from any source in the reporting period?	7

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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes

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SCHEDULE I - EARNED INCOME

Name ANN KIRKPATRICK

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source Type Amount	4 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
\$ 1000 PM 1070	Source	Туре	Amount
Arizona Elected Officials' Retirement Plan Legislative Pension \$4,278	Arizona Elected Officials' Retirement Plan	Legislative Pension	\$4,278

Name ANN KIRKPATRICK

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Wells Fargo Investments Roth IRA as follows:	New Perspectives Fund	Growth Fund of America	Cash account	Edward Jones IRA as follows:	Arizona Elected Officials Retirement Plan	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.	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.	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 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.
	\$1,0	\$1,0	\$1		None			Ye Value at close year. If valuatio than fain please s method asset we included it is gen the valu "None."
	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1 - \$1,000		Ф .		_	Year-End Year-End 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 and is included only because it is generated income, the value should be "None."
	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	None		Pension			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 below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.
	\$1 - \$200	\$1 - \$200	NONE		\$2,501 - \$5,000			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 IRAs, 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 earned or generated.
		:			Other			BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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Name ANN KIRKPATRICK

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	Growth Fund of America	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	NDS/CAPI \$201 - \$1,000	
i	Aim Growth Ser Basic Value Funnd	\$50,001 - \$100,000	DIVIDENDS/CAPI TAL GAINS	NDS/CAPI \$201 - \$1,000	;
!	Advantage Cash Funds	\$1 - \$1,000	INTEREST	\$1 - \$200	į
:	Daimler Chrysler 4.75%	None	INTEREST	\$1,001 - \$2,500	%
	Gen Elect Cap Corp 3,45%	None	INTEREST	\$201 - \$1,000	o :
	Growth Fund of America	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	סי
	Household Finance Corp 4.2%	None	INTEREST	\$1 - \$200	Ø
	New Perspective FD	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	
	Science Applications Int'l Corp Note 6.75%	None	INTEREST	\$201 - \$1,000	Ø
	1941 Cadillac	\$15,001 - \$50,000	None	NONE	i
	Wells Fargo Savings	\$1 - \$1,000	INTEREST	\$1 - \$200	

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SCHEDULE IV - TRANSACTIONS

Name ANN KIRKPATRICK

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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 exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Daimler Chrysler 4.75%	S	1-15-08	\$15,001 - \$50,000
"	Gen Elect Cap Corp 3,45%	% :	2-15-08	\$15,001 - \$50,000
-	Household Finance Corp 4.2%	o ,	1-15-08	\$1,001 - \$15,000
	Science Applications Int'l Corp Note 6.75%	S	2-1-08	\$1,001 - \$15,000
	Growth Fund of America (purchased additional shares)	ער	5-23-08	\$1,001 - \$15,000
-	Arizona Elected Officials Retirement Plan (this amount was rolled into the Wells Fargo IRA account)	Other	5-15-08	\$1,001 - \$15,000

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