<b></b>	d Yes 🗌 No 🗸	ne, transactions, or liabilities of a spouse or dependent child	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?
	nt Yes No	on Standards of Official Conduct and certain other "excepted ails of such a trust benefiting you, your spouse, or dependen	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?
ı	TIONS	ION ANSWER EACH OF THESE QUEST	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS
<b>1</b>		schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
	nd the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?  Yes ✓ No ☐
<u></u>	! 	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	tside Yes 🗌 No 🔽	Did you have any reportable agreement or arrangement with an outside entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any  IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes V No I IX.
		If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
<del></del>	y in the Yes 🕢 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "uneamed" Income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No III Words the St.000 at the end of the period?
		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
	travel or \$305 Yes   No	Did you, your spouse, or a dependent child receive any reportable travel or l. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	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  No  VII.
		If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	gift in rwise Yes ☐ No ☑	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)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200  Yes V.  VI.
•		QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QU
	late.		Type ( Annual (May 15)
	more than 30 days	Termination Date:	- / :
	A \$200 penalty shall be assessed against	Officer Or Employing Office:  Employee  b	Filer Member of the U.S. State: CA Of Status House of Representatives District: 01
- (	U.S. HUJUL (Office Lies Only): S	دلنال (Daytime Telephone) الله (Daytime Telephone)	(Full Name)
3		202-225-3311	Mike Thompson
	200 MAY IN AKINI OO	700 x	
	TIVE RESOURCE OFNIT O	For use by Members, officers, and employees	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007
ストリ	Page 1 of 811 AND DELIVERED	FORM A Page 1 of 8	UNITED STATES HOUSE OF REPRESENTATIVES
317	アブ ファーディー		

## SCHEDULE I - EARNED INCOME

:

Name Mike Thompson

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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.

St. Helena Hospital Spouse Salary	Source
lry —	Туре
n/a	Amount

SCHEDULE III - ASSETS AND "UNEARNED" INCOME 7 <u>\_</u>  $\exists$ = $\sqsubseteq$ that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. Government retirement programs. savings accounts; any financial interest in or income derived from U.S. 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 Exclude: Your personal residence(s) (unless there is rental income); any plans that are not self-directed, name the institution holding the account and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, If you so choose, you may indicate that an asset or income source is its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other than \$200 in "unearned" income during the year. For rental property or Identify (a) each asset held for investment or production of income with information, see the instruction booklet. land, provide a complete address. Provide full names of stocks and Asset and/or Income Source Caterpillar Inc. CalPers S&P 500 Bank of America Retirement Plan Webster, Fairfield, CA 20% Interest Travis Webb American Capital World Growth **Adventist Health Care** (General Partnership) 1590 **BLOCK A** \$1,001 - \$15,000 | DIVIDENDS \$15,001 -\$50,000 \$50,000 \$100,000 \$50,001 -\$1,001 - \$15,000 \$15,001 -\$250,000 \$100,001 value, please specify other than fair market at close of reporting the value should be the method used. If an year. If you use a it is generated income, included only because asset was sold and is valuation method Value of Asset Year-End Name Mike Thompsor **BLOCK B** DIVIDENDS/CAPI None categories, specify the apply. Check "None" if Check all columns that None RENT/INTEREST block. (For example: a brief description in this type of income by writing than one of the listed INTEREST TAL GAINS Partnership income or calendar year. If other any income during the asset did not generate Type of Income BLOCK C \$1 - \$200 NONE \$201 - \$1,000 \$201 - \$1,000 \$5,001 - \$15,000 box below. Dividends, even checking the appropriate category of income by other assets, indicate the accounts that do not allow For retirement plans or \$201 - \$1,000 "None" if no income was investments, you may write you to choose specific listed as income. Check "NA" for income. For all f reinvested, should be Amount of Income \$1,000 in reporting year. exceeding exchanges (E) (P), sales (S), or Indicate if asset Transaction had purchases **BLOCK E** Page 3 of 8

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Mike Thompson	mpson		Page 4 of 8
JT	Citibank	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Coca Cola	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Edward Jones Money Market	\$1,001 - \$15,000	INTEREST	\$1 - \$200	!
T	Federated American Leaders	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Fidelity Tax Free Money Market	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	Gartmore Inv. Des. Moderate Fund	\$1,001 - \$15,000	None	NONE	
J	General Electric	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	GlaxoSmithKline PLC Spons. Adr.	\$1,001 - \$15,000	None	NONE	
JT	Half Ownership 1435/1439 Kearney St., St. Helena, CA	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
JT	Investment Company of America	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
Ţ	Johnson & Johnson	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Oracle Corp.	\$1,001 - \$15,000	None	NONE	
JU	Ownership of 2140 Finley Road East, Finley, CA	\$500,001 - \$1,000,000	Other: Farm Income	\$100,001 - \$1,000,000	
T	Proctor & Gamble	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME ဌ =<u>\_</u> 4 <u>ا</u> Ľ <u>\_</u> Wells Fargo Bank Washington Mutual Inv. Fund Walgreen Schwab Hedged Equity Select Shares Wells Fargo Bank Vanguard Wellington Silverado Credit Union Putnam Health Science Trust \$15,001 -\$50,000 \$50,001 -\$100,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1 - \$1,000 \$50,000 \$15,001 -\$1,001 - \$15,000 DIVIDENDS \$1,001 - \$15,000 Name Mike Thompson DIVIDENDS/ CAPITAL GAINS DIVIDENDS DIVIDENDS/ CAPITAL GAINS None None INTEREST INTEREST NONE NONE \$1 - \$200 \$201 - \$1,000 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 Page 5 of 8

## **SCHEDULE IV - TRANSACTIONS**

Name Mike Thompson

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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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief <u>\_</u> 7 DC ,SP Matthews China Fund Asset SALE Transaction Type of 11/28/07 Date \$1,001 - \$15,000 **Amount of Transaction** 

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

Name Mike Thompson

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SP, DC,	Creditor	Type of Liability	Amount of Liability
JT	American Ag. Credit	Farm Development Loan, 2140 Finley Road, Finley, CA	\$250,001 - \$500,000

## **SCHEDULE VIII - POSITIONS**

Name Mike Thompson

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position Name of Organization
General Partner  Travis Webb General Partnership, 5184 Garden Valley Rd., Suisun, CA