Yes No No	actions, 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?
ot Yes No No	of Official Conduct and certain other "excepted trusts" need no ouse, or dependent child?	on standards on standards on standards	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?
QUESTIONS	MATION ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nswered and the h "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _O	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
Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No 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	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.
Yes No	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.
Yes No X	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.	<u>8</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? Yes If yes, complete and attach Schedule I.
	QUESTIONS	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	Filer Member of the U.S. State: McCACC Status House of Representatives District: 1445 Report Mnnual (May 15) Amendment
2008 MAY 15 AM 11:21 U.S. 1-5 Figg Land Statistings	290 1. 285, 5126 (Daylime Telephone) W.3.15	302	John Conyers of
HAND DELIVERED	Form A For use by Members, officers, and employees [FG]		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

SCHEDULE I—EARNED INCOME

Name John Convers Jr Page 3 of

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 bene	benefits received under the Social Security Act.	curity Act.
	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Salary	\$1,000 NA
Council Member for Was City of Dotroit, Michigan	Spouse Salan	DA
	7	

Namo
n ,
6
P
K
Ď,
£
ā
Tal
13
1
<u> </u>
age
1
1 2
0

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.

		,	A
Source	Activity	Date)
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
		Aug. 13, 2007	\$500
N A			

3351 Charlever St	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster In: 1st Bank of Paducah, KY Accounts	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 fan asset ticker symbols). For all IFAs 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
*	Indefinite X	\$1,001 - \$15,000	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 "None."
X	X X Royatties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 calendar year.
	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ≤ \$2,501 - \$5,000 ≤ \$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 ×	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, 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 received.
	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 80 SP, ۲ Asset and/or Income Source None $\boldsymbol{\varpi}$ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 E G \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ズ \$25,000,001 ~ \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$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 Co of 10 Transaction BLOCK E ar so w

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name John Congrs, or Page Forto

		l					l	[4			1			ļ
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			Amc	Amount of		Transaction	ctio	3		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	700	n	٥	ш	Π	ଦ	I		<u>د</u>	
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.	PURCHASE	SALE	EXCHANGE	or 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-	\$25,000,001- \$50,000,000 Over	\$50,000,000
SP, DC, JT Asset										! 	 			
Example: Mega Coporation (×		10-12-07		×				-		-		L
						-		-				-	-	_
27						<u> </u>		ļ . <u> </u>	ļ <u>.</u>			 		
						_		<u> </u>						
							_	 			-	 		
								 	<u> </u>		 	+	ļ .	
		}						-						
						<u> </u>							<u> </u>	
									! 					
											<u> </u>			
					}			ļ				_		
												_		
									<u> </u>					<u> </u>
						ĺ								

SCHEDULE V- LIABILITIES

Name John Conyers, & Page 2 of LO

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.

			00	0	<u> </u>	1.1	— Amo	Amount of	Amount of Liabi	nount of Liabilit		00
DC, JT	Creditor	Type of Liability		\$1,001- \$15,000	\$15,000 \$15,001- \$50,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000- \$250,000 \$250,001-	\$15,000 \$15,001 \$50,001 \$100,000 \$100,001 \$250,000 \$250,001 \$500,000	\$15,000 \$15,001- \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000	\$15,000 \$15,001- \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	1				×	×	×	×	×	×
	Congressional Federal Credit Union Overdraft Reserv	Overdraft Resove		8	X	8	X	8	8	R	X	8
	Sallie Map	nog borning		X	×	X	X	X	8	X	X	X
			1									

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

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

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 or were paid by you and reimbursed by the sponsor.

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

JANO Examples: 21st Gothury Hailt Support Page guarden Moran Fear to Ame rices 90 troto Continos Trong in AFE 12 Counces Contes Chicago Chamber of Commerce
Roycroft Corporation V OFBLINSON Now of this grade may Sociological 2 Crain Angeles Lush . DOV X BOUND NAMED Labor Union W 202 Coalitos कि ३६ वि Oct 20-21 B+ 14-15 子 6 DC+ 5-6 Jan 7.8 oct 39 Sr-19 43 J-6 7-5 SO PUT Aug. 6-11 Date(s) Mar. 2 34-23 3-6 IAW - San Orego -Chadolle-Chicago - OCA DCA - Cinci DCA - NY DIW - NY . OTW DIM-COA. DTW-Chic-DIW DCA- LU-DTW DCA - High - DCA DTW - News/K - DTW Memphis - DTW City of Departure—Destination— OTW-Pclstone-OCA 1 + 50 - MIC DC—Los Angeles—Cleveland DC—Chicago—DC City of Return (GB-Lodging? (Y/N -C z C ≺ Food? (Y/N 2 Was a Family Member Included? 2 ì Z ≺! Number of days not at sponsor's expense 202 <u>8</u> n Ball DORD 2000 20 au 800M DODA 2000 DODE 500 SOOT 2 Days None

ි ප්රථ This page may be copied if more space is required

S	
$\overline{\Omega}$	
<u> </u>	
Ш	
\mathbf{Z}	
\subseteq	
-	
111	
\leq	
=	
Ö	
0	
S	
□	
≓	
\subseteq	
Z	
Ø	

Name JOHN CONYES, St

Page 10 of 10

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

			Position
		AN	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