Yes 🗌 No 🗸	child	ome, transactions, or liabilities of a spouse or dependent childs" unless you have first consulted with the Committee on	sets, "unearned" ind Do not answer "ye	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first Standards of Official Conduct.	
Yes 🗌 No 🗸		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?	ved by the Committeed from this report d	Trusts- Details regarding "Qualified Blind Trusts" approtrusts" need not be disclosed. Have you exclude child?	i —
S	QUESTION	TION ANSWER EACH OF THESE	IST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	I _ I
	ponse.	schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	_
າe appropriate	swered and th	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
Yes [] No 🐼	nt with an outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	IV. reportable asset in a transaction exceeding \$1,000 during the reporting perfod?	
<del>=</del>		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
Yes No	e date of filing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🕢 No 📋	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.	         	If yes, complete and attach Schedule II.	_
Yes [] No 🔀	ny reportable travel on the more than \$335	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No	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?	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	-
Yes No 🗸	y reportable gift in and not otherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	
		UESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	I — I
•	late.	on	☐ Termination	Type Annual (May 15) Amendment	
more than 30 days	more	Termination Date:			
be assessed against	be as	Employee		<i>S</i>	
A \$200 penalty shall	A \$20	Officer Or Employing Office:	) [	Eiler Member of the U.S. State: MI	
EPRESTRICE USE Only)	USE OF LEPRISE	(Daytime Telephone) படங்கள் பூது எறுக்க மீர்		(Full Name)	
3: 36 MC	MAY 15 PM	202 225 4735 2009 MAY 15 PM 3: 36		Bartholomew (Bart) T. Stupak	
•	WINCE TO SHOW				-1
DELIVERED	1	FORM A Page 1 of 6 For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	
					ī

## **SCHEDULE I - EARNED INCOME**

Name Bartholomew (Bart) T. Stupak

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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.

4.3000		
Source	Туре	Amount
State of Michigan	Disability Retirement Pension	\$19,118
Bart's Bridge PAC	Spouse Salary	N/A
Michigan Democratic Party	Spouse Salary	N/A

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SCHEDUL  ASSE  Identify (a) ea  a fair market:	SCHEDULE III - ASSETS AND "UNEARNED" INCOME  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,		Name Bartholomew (Bart) T. Stupak  BLOCK B BLOCK C  Type of Income Check all columns that apply. For retirement	BLOCK D  Amount of Income For retirement plans or accounts that do not allow
	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.  Exclude: Your personal residence(s) (unless there is rental income); any deposits totaling \$5,000 or less in personal savings accounts; any deposits totaling \$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 life to the first that the firs	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."	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.	
w = 0	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.	, and an analysis of the second		
	Accessor Growth Fund (formerly Stephenson National Bank IRA)	\$15,001 - \$50,000	Investment Fund (not self directed)	
	Bart T. Stupak, PC (stock in inactive law practice, 817 Ninth ave, Menominee, MI	\$1,001 - \$15,000	None	
	Bay Bank	\$50,001 - \$100,000	INTEREST on Certificate of Deposit	
SP	Nicolet Bank	\$15,001 - \$50,000	INTEREST on Certificate of Deposit	
SP	Northern Michigan National Bank	\$50,001 - \$100,000	INTEREST on Certificate of Deposit	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Sp SP SP 7 Savings Account - Northern Michigan National Bank **Upper Peninsula State Bank** Stephenson National Bank Oiffice - 817 Ninth Ave, Menominee, MI 49858 \$50,001 -\$100,000 \$15,001 -\$50,000 \$15,001 -\$50,000 \$1,001 - \$15,000 Name Bartholomew (Bart) T. Stupak INTEREST RENT Deposit Certificate of Certificate of Deposit INTEREST on **INTEREST from** \$1,001 - \$2,500 \$1,001 - \$2,500 \$201 - \$1,000 \$5,001 - \$15,000 Page 4 of 6

## SCHEDULE V - LIABILITIES

Name Bartholomew (Bart) T. Stupak

Page 5 of 6

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

SP, DC,			
T	Creditor	Type of Liability	Amount of Liability
JT S	Stephenson National Bank	Mortgage - 817 9th Ave, Menominee, MI	\$15,001 - \$50,000
JT	Stephenson National Bank	Mortgage - W5499 48th Ave, Menominee, MI	\$500,001 - \$1,000,000

## SCHEDULE VIII - POSITIONS

Name Bartholomew (Bart) T. Stupak

Page 6 of 6

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 entitles; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner/Director	Bart Stupak, PC