DISCLOSURE STATEMENT For use by Members, officers, and 202-225-550 Alarnes Kind James Manus James Manus James All Name Ploying Office: Employee Employee Employee Interporting period (i.e., aggregating nore the sample and attach Schedule VI) James James All State Schedule VI James James All State Schedule VI James Jam	Trusts- Details reg trusts" ne child? Exemptions Have you because to Standards	EXCLUSION OF SPOUSE, DEPENDENT,	If yes, complete and attach Schedule V	Did you, your spouse, or a depend	period? If yes, complete and attach Schedule IV	Did you, your spouse, or depende reportable asset in a transaction of	more than \$200 in the reporting period or noid more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child re	Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e. or more from any source in the reporting period?	PRELIMINARY INFORMATION	Type () Annual (May 15)	Report	Filer ✓ Member of the U.S Status			UNITED STATES HOUSE
FORM A Page 1 of 6 For use by Members, officers, and employees 202-225-5506 (Daytime Telephone) Termination THESE QUESTIONS Did you, your spouse, or a dependent child receive any report the reporting period (i.e., aggregating more than \$335 and not exampt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any report the reporting period (i.e., aggregating more than \$335 and not exampt)? If yes, complete and attach Schedule VI. Did you your spouse, or a dependent child receive any report the period of you, your spouse, or a dependent child receive any report the period of you have any report attach Schedule VI. Did you have any reportable positions on or before the date of VIII. Did you have any reportable agreement or arrangement with a entity? No N	parding "Qualified Blind Trusts" approach not be disclosed. Have you exclud excluded from this report any other as ney meet all three tests for exemption of Official Conduct.	윘	chedule V.	lent child have any reportable liability (more	chedule IV.	nt child purchase, sell, or exchange any xceeding \$1,000 during the reporting	period? period? chedule III.	chedule II. lent child receive "unearned" income of	make a donation to charity in lieu of paying article in the reporting period?	chedule I.	ned" income (e.g., salaries or fees) of \$200 porting period?	1			State: ntatives District:	(Full Name)	Ronald James Kind	OUSE OF REPRESEN
Se by Members, officers, and employees 209 MAY 5 202-225-5506 (Daytime Telephone) Employing Office: Employing Office: A \$200 pe be assess anyone w Termination Date: A \$200 pe Lemploying Office: A \$200 pe be assess anyone w more than late. DNS ONS ONS Custoffice: A \$200 pe be assess anyone w more than late. Telephone A \$200 pe be assess anyone w more than late. Page 1 of 6 209 MAY 5 Custoffice A \$200 pe be assess anyone w more than late. ONS ONS ONS ONS ONS ONS ONS A \$200 pe be assess anyone w more than late. Ye complete and attach Schedule VII. Un hold any reportable positions on or before the date of filing in the receive any reportable travel or response to travel in the reporting period (worth more than \$335 ye ne source)? Complete and attach Schedule VIII. Un hold any reportable positions on or before the date of filing in the receive any reportable travel or response to the date of filing in the receive any reportable gift in more than anyone w more than late. ONS A \$200 pe be assess anyone w more than late. Ye complete and attach Schedule VIII. Un hold any reportable travel or response to the date of filing in the receive any reportable gift in more than late. Ye complete and attach Schedule VIII. Un hold any reportable travel or response to the date of filing in the receive any reportable gift in more than late. Ye complete and attach Schedule VIII. Ye complete and attac	wed by the Committee on Stan ed from this report details of s sets, "unearned" income, tran P Do not answer "yes" unless	JST INFORMATION -		N	If yes	No	S] ; 	Yes No VII.	If yes	No U.	OF THESE QUE	☐ Termination	<u></u>	Officer Or Employee			NES
age Torb 200 MAY 15 200 MAY 15 200 MAY 15 A \$200 pe be assess anyone w more than \$335 and not otherwise Ye we any reportable gift in \$335 and not otherwise Ye gement with an outside Ye gement with an outside Ye answered and the ap response. ESE QUESTIONS To other "excepted yes use, or dependent child mmittee on Yes	dards of Official Conduct and certain uch a trust benefiting you, your spouch a trust benefiting you, your spousactions, or liabilities of a spouse or you have first consulted with the Co	ANSWER EACH OF THI	dule attached for each "Yes"			have any rep	complete and attach Schedule VIII.	, complete and attach Schedule VII. u hold any reportable positions on or before realizing the calendar year?	u, your spouse, or a dependent child recei irsements for travel in the reporting perion ne source)?	complete and attach Schedule VI.	u, your spouse, or a dependent child recei orting period (i.e., aggregating more than th?	SNS		Termination Date:	Employing Office:	(Daytime Telephone	202-225-5506	se by Members, officers, and er
	"-	SE QUESTIONS	response.	a answered and the ar				-					late.	more than	A \$200 pe be assess anvone w		20 9 MAY 15	

SCHEDULE I - EARNED INCOME

Name Ronald James Kind

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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	Туре	Amount
State of Wisconsin Official Court Reporter	Spouse Salary	N/A
Self-Employed	Spouse Salary	N/A

	DC		SP	DC	JT	Exclude: You debt owed to parent or sit savings according to the savings according to that of your so that your	ASS Identify (a) e a fair market and (b) any o than \$200 in land, provide mutual fund- retirement p in which you investments in the accou plans that ar and its value that is not p its activities, information,
Janus Twenty Fund	Janus Mercury Education IRA	Janus Growth and Income FundIRA	Janus Growth and Income Fund	Janus Gobal Tech Mutual Fund	219 Pearl Street LaCrosse, WI	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. 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 castions of the for the	Asset and/or Income Source ldentify (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.
\$1,001 - \$15,000	\$1 - \$1,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$50,001 - \$100,000		PLOCK B 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."
15,000		15,000	15,000	15,000			B Asset orting e a od other trailue, the if an is because income, id be
DIVIDENDS/Inter	DIVIDENDS/INTE REST	DIVIDENDS/INTE REST	DIVIDENDS/INTE REST	DIVIDENDS/INTE NONE REST	RENT	uning ne caenaa yea.	
NONE	NONE	NONE	NONE	NONE	\$15,001 - \$50,000		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.
		:	 !	 			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Ronald James Kind	James Kind		Page 4 of 6
8	Janus Twenty Fund \$ Education IRA	\$1 - \$1,000	DIVIDENDS/INTE NONE REST	NONE	
DC	Mass Investors 6-8 Year \$	\$1 - \$1,000	Dividents/Interest NONE	NONE	

* NONE-These investments experiencedaloss for 2008

SCHEDULE IV - TRANSACTIONS

Name Ronald James Kind

Page 5 of 6

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.

JT SP,	Asset	Type of Transaction	Date	Amount of Transaction
DC	WI EdVest 529 Plan Fidelity Aggresive Portfolio	P	12 monthly payments	\$1,001 - \$15,000
DC	WI EdVest 529 Plan Fidelity Aggresive Portfolio	י ס	12 monthly payments	\$1,001 - \$15,000
SP	Wisconsin Deferred Compensation Program Fidelity ContraFund	יסי יסי	26 payments	\$1,001 - \$15,000

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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
ΤĽ	Wells Fargo Bank	Mortgage on Pearl Street, La Crosse, WI	\$15,001 - \$50,000
Ţ	Wells Fargo Bank	Mortgage on N2680 S. Buckholz Road, Ettrick, WI	\$100,001 - \$250,000
Ţ	Jackson County Bank	Mortgage on N2711 S. Buckholz Road, Ettrick, WI	\$100,001 - \$250,000

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