×	because Yes	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	d" income, trans irst consulted w	<b>EXEMPTION</b> —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.
₹ <b>X</b>	Yes	s of Official Conduct and certain other "excepted trust pouse, or dependent child?"	e on standards ing you, your st	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?
, 	<b>EACH OF THESE QUESTIONS</b>	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	st be answered and for each "Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	× X	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.
×	ngement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× X	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.
₹   <b>X</b>	fore the date Yes	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.	No No	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.
<b>™</b>	eive any reporting Yes X	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No	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.
No X	ting more Yes	VI. 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 exempt)?  If yes, complete and attach Schedule VI.	No X	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
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed nore than	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: MISSAUR! Status House of Representatives District: 2  Report Type Annual (May 15) Amendment
K	2009 MAY I 4 PM 3: 56  2.009 MAY I 4 PM 3: 56  J.S. HOUSE OF BERBESEN WALKES	200 Daytime Telephone: <b>202 225 256 I</b>	Daytime 1	Name: WILLIAM TOUS AKIN
NAC.	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR, YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Name
W. Toda
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Page 3 of 6

## 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.

•	•		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
_	Article	Aug. 13, 2008	\$500
Bonhomme Presbyterian Church Hen's Fellowship	Speech	Jan. 19, 2008	\$ 250
	•	•	

7	SP		SP		4	ş	8	SP,	which income and incom	d de		
SOMO MODOL BONDS	ROTH TRA	ROTH TRA	IRA	TRA	ANDUTY -		Examples:	SP Mega	exceeding \$1,000 at the end of the ippointing od, and (b) any other asset or sources of income which generated more than \$200 in "unearr income during the year. For rental property land, proyide a complete address. Provide names of stocks and mutual funds (do not ticker symbols). For all IRAs and other retiren plans (such as 401(k) plans) that are self directive, plans in which you have the power, even to exercised, to select the specific investment provide the value and income information each asset in the account that exceeds reporting threshold. For retirement plans that not self-directed, name the institution holding account and its value at the end of the reportered, state the name of the business that is not put traded, state the name of the business, the name of its activities, and its geographic location block. A. For additional information, see instruction booklet.  Exclude: Your personal residence(s) (un there is rental income); any debt owed to you your spouse, or by you or your spouse's coparent, or sibling; any deposits totalling \$5,00 less in personal savings accounts; any finar interest in or income derived from Covernment retirement programs.  If you so choose, you may indicate that an autor income source is that of your spouse (SP dependent child (DC) or is jointly held (JT), in optional column on the far left.	Identify (a) each asset he	Asset and/or Income Source	вто
で ほらいひょ	y				QUALITY GOATY	10	Simon & Schuster	Mega Corp. Stock	exceeding \$1,000 at the end on the reporting pen- od, 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, proyide 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 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.	Identify (a) each asset held for investment or pro-	ncome Source	BLOCK A
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الأذ	X	X	Y	K			Indefinite		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."  C SE G H 1 S50,000  \$1,001 - \$15,000  \$250,001 - \$50,000  \$250,000 - \$50,000  \$250,000 - \$50,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000	Indicate value of asset at close of reporting year. If you use a valuation		
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	2002	apor - art Si		1 - 1 ( a t a t			S	×	other than fair market value pecify the method used.  et was sold during the reporting d is included only because is dincome, the value should be \$50,001 - \$50,000 \$250,000 \$1,000,000 \$1,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	ar.	Value of Asset	<b>6</b>
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					2		Royalties		Other Type of Income	that apply. accounts the	ส	
				)	PILON	l	ties		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 ate any income during calendar year.  NIGREST  CAPITAL GAINS  CAPITAL GAINS  Other Type of Income (Specify: For Example, Partnership Income)	that apply. For accounts that do		
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1			N PILY	S. Carlon and C.	In Secretary		×		None	For retirement plans or accounts that do not allow you to choose specific investments you may write "NA" for income.		
<u></u>	ACAL STREET	BEANER AND IN			e de la como			1972	Over \$5,000,000 \(\times\)	ne co		_
						†		S		asse	I Indicate if the	Ţ
S						1		(partial)	purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.  If only a portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	asset had	nse Sen	BLOCK E
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

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Page 5 of 6

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Page b of b

## 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 \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Federal Election Campaign Act; travel provided to a 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 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

Chicago Chamber of Commerce   Mar.2   DC—Chicago Chember of Commerce   Aug.6-11   DC—Chicago—DC   N   N   N   N   N   N   N   N   N								
Chicago Chamber of Commerce  Mar.2  DC—Chicago—DC  N N N N N Reported Corporation  Aug. 6-11  DC—Ra Himore  Lety Rain Back-Stanis  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Source	Date(s)		Lodging?	Food? (Y/N		Number of days not at sponsor's expense
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	אל כוי	b for Growth		Bon Himore - West Palm Boach-St Lawis	~	~	~	None
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