

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A

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For use by Members, officers, and employees

NORMAN D. DICKS

5-5916

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives
State: WA District: 06☐ Officer Or Employee
Employing Office:

Termination Date:

Report Type: ☒ Annual (May 15) ☐ Amendment☐ Termination

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| 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? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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SCHEDULE I - EARNED INCOME

Name NORMAN D. DICKS

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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 | Type | Amount |
|-------------------------------|---------------|--------|
| US Capitol Historical Society | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

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| BLOCK A | | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|---|--|--|--|--|--|
| Asset and/or Income Source | | Year-End Value of Asset | Type of Income | Amount of Income | Transaction |
| <p>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.</p> <p>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.</p> <p>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.</p> | | <p>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."</p> | <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p> | <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
| SP | Lincoln Life - AFIS Growth Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801 | \$15,001 - \$50,000 | DIVIDENDS | \$2,501 - \$5,000 | P |
| SP | Lincoln Life - AFIS International Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801 | \$15,001 - \$50,000 | DIVIDENDS | \$5,001 - \$15,000 | P |
| SP | Lincoln Life - Del Small Cap Value Retirement Annuity P.O. Box 2340, Fort Wayne, IN 46801 | \$15,001 - \$50,000 | None | NONE | P |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

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| | | | | | |
|----|---|---------------------|-----------|-------------------|---|
| SP | Lincoln Life - NB Mid Cap Value Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801 | \$15,001 - \$50,000 | DIVIDENDS | \$2,501 - \$5,000 | P |
| SP | Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA - IRA | \$15,001 - \$50,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| SP | Wachovia Bank, N.A | \$1,001 - \$15,000 | None | NONE | |
| | Wright Patman Congressional FCU | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |

SCHEDULE IV - TRANSACTIONS

Name **NORMAN D. DICKS**

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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

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|------------------|---|------------------------|--|-----------------------|
| SP | Lincoln Life - AFIS Growth Retirement Annuity P.O. Box 2340, Fort Wayne, IN 46801 | P | Bi-weekly retirement contributions Dividends reinvested during year | \$1,001 - \$15,000 |
| SP | Lincoln Life - AFIS International Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801 | P | Bi-weekly retirement contributions Dividends reinvested during year | \$1,001 - \$15,000 |
| SP | Lincoln Life - Del Small Cap Value Retirement Annuity P.O. Box 2340, Fort Wayne, IN 46801 | P | Bi-weekly retirement contributions Dividends reinvested during year | \$1,001 - \$15,000 |
| SP | Lincoln Life - NB Mid Cap Value Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801 | P | Bi-weekly retirement contributions Dividends reinvested during year | \$1,001 - \$15,000 |
| SP | Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA - IRA | P | Dividends reinvested during year | \$1,001 - \$15,000 |

SCHEDULE VIII - POSITIONS

Name NORMAN D. DICKS

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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 |
|------------------|--------------------------------------|
| Board (unpaid) | Congressional Charity Tennis Classic |
| Trustee (unpaid) | Washington National Opera |