×	iild because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
₹ ×	usts" need not Yes	of Official Conduct and certain other "excepted tripouse, or dependent child?	e 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?
S	NSWER EACH OF THESE QUESTIONS	- A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No 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.
No X	rangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	×	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.
×	before 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.	§	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.
S	eceive any the 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 X	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.
ĕ ⊠	eceive any gating 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? If yes, complete and attach Schedule I. Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date: Termination	Officer or Employee	Filer Status Member of the U.S. State:
	CA (Coffice Use Only)			
10 AC	2009 MAY 15 PH 2: 10 MC	Daytime Telephone: シジュンシスタンルリンド	Daytime 1	Name: Stown Arriold King
LIVER	HAND DELIVERE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

I	Name
I	St
I	ÜĆ
I	Kim
	7

Page 2 of 9

SCHEDULE I -- EARNED INCOME

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 benefits received under the Social Security Act.	ts received under the Social Sec	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
	Spouse Salary	NA
$\mathcal{N}_{\mathcal{L},\mathcal{W}}$	1	!

lame
Steve
King

Page 5 of

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.

לייושטיי ה שופפון פוועטיסף בין מפוופוויייוש וופ וופיוטיים מייו וייושטפט וו פמטו אופווטפו פיוויש ףמטימשפי.	s lillig package.		
Source	Activity	Date	Amount
, —	Speech	Feb. 2, 2008	\$2,000
EXamples: XYZ Magazine	Article	Aug. 13, 2008	\$500
None		{	
			ļ

Retweenon TPERS X Retweenon TPERS	SP	None > \$1 − \$1,000	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 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
*	X	\$15,001 - \$50,000	BLOCK B Value of Asset Indicate value of asset at close of retireporting year. If you use a valuation not method other than fair market value, please specify the method used. If an asset was sold during the reporting pivil year and is included only because it generated income, the value should be ate "None." **None.**
× ×	X X Royalties	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 ≥	Amount of Income 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.
	S (partial)		BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

DC

 \dashv

SP,

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME Asset and/or Income Source None 0 \$1 - \$1,000 O \$1,001 - \$15,000 D E F G H \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Year-End BLOCK B \$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 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT Type of Income INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None \$1 - \$200 Amount of Income III IV V VI VII VIII IX \$201 -- \$1,000 \$1,001 - \$2,500 BLOCK D \$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 5 of 9 Transaction BLOCK E σ,ομ

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name Steve King Page 6 of 9

SCHEDOLE IV- INANSACTIONS				ſ				Ķ						
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,	Type of Transaction	Type	tion	Date			Am	ount	of T	rans	Amount of Transaction	ĭ		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)		ဂ	٥	m	TI	ດ	I	_	د	<u> </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 description of the purchase or sole of your personal control of the purchase or sole of your personal control of the purchase or sole of your personal control of the purchase or sole of your personal control of the purchase of the purchas	CHASE	=	HANGE	Or Quarterly, Monthly, or			00	00	00	000	000	0,000		0,000
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.	PURC	SALE	EXCH	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000	\$25,000 \$50,000	Over \$50,000
, JT		<		10 10 00		<								
SP Example: Mega Coporation Continuit Stock (partial sale)		<u> </u>		10-12-00		<u> </u> >					1		1	
Trine														
											<u></u>			
												1		
													1	
						<u> </u>							<u> </u>	<u> </u>
							ļ				<u></u>			
												_		
											L			
		:												
							<u> </u>							
							ļ							<u></u>

SCHEDULE V— LIABILITIES

Name Steve King

Page Z of

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

				SP, DC,	
		July .	Example: First Bank of Wilmington, Delaware	Creditor	
			Mortgage on 123 Main St., Dover, Del.	Type of Liability	
			7	\$10,001- D \$15,000	
J				\$15,001~ \$50,000	
				\$50,001- \$100,000	
			×	\$100,001- \$250,000	Amou
			 	\$250,001- \$500,000	III of
				\$500,001- \$1,000,000 ດ \$1,000,001-	Amount of Liability
		 <u> </u>	_	\$5,000,000 ± \$5,000,000 ±	[₹]
			_	\$25,000,000 \$25,000,001	
			 	\$50,000,000 \times Over \$50,000,000 \times	

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 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 \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 		_	
		-1W ne	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description
			\$345	Value

Steve
King

Name

age $S_{of}Q$

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	Υ	2 Days
The Heritage Foundation	1/30-1/31	DC- Baltimore	人	γ	No	
			ح	~	No	

\sim	•
()	
_	
_	
т.	
~	
\simeq	
_	
7	
im.	
Ш	
-	
=	
=	
U	
\circ	
\sim	
ဟ	
_	
-	
\cap	
\sim	
~	
75	
S	

S

٠

Steve King

Page G of G

organization, or any educational or other institution other than the United States.
proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor
Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

_	zanona), and positions solely of an honorary natare.	TOTAL Y HARACC.
	Position	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.