] No 🔀	Yes	child because	sactions, or liabilities of a spouse or dependent child because	income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
] No 🔀	Yes	trusts" need not	of Official Conduct and certain other "excepted toouse, or dependent child?	on standards og you, your spo	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?
SNC	UESTIC	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	I INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	wered al	must be ansi ed for each "	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 🗌	Yes X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	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.
∑ ⊠	Yes	or before the date	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.	S	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 .	es X	d receive any n the reporting 3)?	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.	× ×	It. 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.
X §	Yes	receive any regating more	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.	No No	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 Yes
	i		E QUESTIONS)F THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
be assessed es more than	Ity shall t	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: ○H/○ Status House of Representatives District: ►/RST Report Annual (May 15) Amendment
HC MC	AUS BAABA	U.S. hULDE OFFICE PAR STANKETINGS	(Daytime Telephone)		(Full Name)
F CENTER 1: 22	2000 MAY 15 AM 11: 22	2008 MAY 15 AN II: 22	(5/3)-662-8000		STEVEN) CHABOT
# CKEU	ELIV	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
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SCHEDULE I—ÉARNED 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 Beserve pay) federal retirement programs, and benefits received under the Social Security Act

Source Source	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
ion	Spouse Salary	NA
ST. XAVIER HIGH SCHOOL INC.	SPOUSE SALARY	657.44
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Name	STEVES
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	CHABOT

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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, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
NONE			

SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name	פ	Pageof
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
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	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	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 <i>including all IRAs</i> , indicate the type of income by check-	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below.	Indicate if the asset had purchases (P), sales (S), 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).	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	ing 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.	Dividends an vested, shoul Check "None"	exchanges (E) exceeding \$1000 in reporting year.
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.	A B C D E F G H I J K L	o Income or Farm Income)	- H H V V V I V I I I I V V X X X X X X X X X	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for
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.	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$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 \$25,000,001 - \$50,000,000 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	example. P, S, E
SP Mega Corp. Stock	Indefinite X	X X A A A A A A A A A A A A A A A A A A	X	S (partial)
	×	×	×	
CHARLES SCHWAB + CO. (IRA)	*	×	×	S/MRTIAL)
ACTUANT CORP. COM. STOCK IN ABOVE SCHWAB IRA	X	×	×	-
١.	×	×	×	
A BOVE SCHWAB 1	×	×	×	
RAVEN INDUSTRIES INC CONST.	X .	×	×	
COM STOCK IN ABOVE SCHWAB IRA	×	×	X	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name STEVEN) CHABOT Page __

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	BLOCK A Asset and/or Income Source	вьоск в Year-End	вьоск с Туре	BLOCK D Amount of Income	BLOCK E Transaction
		Value of Asset	of Income		
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DC,		0 0 000 0,000			шŷ
JŢ		0,000 50,000 50,00 ,000,0 \$5,00 \$25,00	LIND Incon	000 000 ,000 000,00	
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		None \$1 - \$1 \$1,001 \$50,001 \$100,00 \$250,00 \$500,00 \$1,000, \$25,000 Over \$8	NONE DIVIDE RENT INTERE CAPITA EXCEP	None \$1 - \$201 - \$ \$1,001 - \$ \$2,501 - \$ \$5,001 - \$ \$15,001 - \$ \$100,00 - \$ \$1,000,00 - \$ \$1,000,00 - \$	
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	BIO REF LABS CON STREET	×	×	X	
	25 "	X	×	×	
	-	X	×	×	
	ENCORE ACO " "	X		X	
	l.	×	X	X	
		×	X	X	
	K-SWISS INC " "	X	X	×	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT PAY

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Asset and/or Income Source								MARINE BREIT THE CAN THE	CCD111:00 11			MERIT ME) SYS INC " "	MULTI COLOR CORP " "	SIGNATRON IN- INC " "	ı														
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SCHEDULE (V- TRANSACTIONS

Name CHABOT

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		_							1/4/07	7/9/07	7/8/07	7/9/07	7/9/07		7/9/07	10-12-07	rio de la constanta	Monthly, or Bi-weekly, if	or Quarterly,	(MO/DAY/YR)	Date
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SCHEDULE V- LIABILITIES

Name TEVEN) CHABOT

Page ____ of_

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

				71 D.S.)	
		NONE	Example: First Bank of Wilmington, Delaware	Creditor		
			Mortgage on 123 Main St., Dover, Del.	Type of Liability		
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SCHEDULE VI— GIFTS

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 \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

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

 Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
 MONE		

Name STEVEN
CHABOT

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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 \$305 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

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

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
HERITAGE FOUNDATION	FEB 1-3	DC-BALT. MD-CINT!	7	70	7	None
CLUB FOR GROWTH	MAR. 29-31	MAR. 29-31 DC-PALM BEACHFLA-CIUTI	~	<	کر	Brone

SCHEDULE VIII—POSITIONS

STEVEN J CHABOT

Page ____ of __

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; and positions solely of an honorary nature.

Position	Name of Organization
ZNON	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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		•	MAY GO JECGY PAID INTO	DEC 85-94	Date
			PAID INTO 11 1. II DEFERRE) COMP. AT AL	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	Parties To
			33	UPON RETIREMENT	Terms of Agreement