| S S | child because Yes | sactions, or liabilities of a spouse or dependent child because | d" income, trans | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liability they meet all three tests for exemption? |
|-----------------------------------|--|--|-----------------------------------|---|
| No X | trusts" need not Yes | of Official Conduct and certain other "excepted of other conduct and certain other sexcepted of the conduct child? | e on standards ng you, your sp | 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? |
| SNOI | FTHESE QUEST | MATION — ANSWER EACH OF THESE QUESTIONS | TINFOR | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION |
| and the response. | must be answered ed for each "Yes" r | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | № | 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. |
| | arrangement with Yes | 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. |
| | or before the date Yes | Vill. 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 I | 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. |
| № | d receive any n the reporting Yes | 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. | ₹ <u>X</u> | 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 ⊠ | receive any regating more Yes | 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. | § . | 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. |
| | | E QUESTIONS | OF THES | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIO |
| II be assessed files more than | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | be Termination Date: | Employee | Status House of Representatives District: 0.5 Report Type Annual (May 15) Amendment |
| JUL 15 AM 10: 07 | 2008 JUL 15 AM IO: 07 Collidorios Lies Spirit Littles | 202-225-5/2) (Daytime Telephone) | | The E Peters |
| TRED | HAND DELIVERED | Form A For use by Members, officers, and employees | | 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period |

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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.

| Exclude: Military pay (such as National Guard of Heselve pay), lederal retirement programs, and benefit | Denenis received dinos the social security over | Juliey Ace |
|---|---|------------|
| Source | Туре | Amount |
| | Approved Teaching Fee | \$6,000 |
| State of Maryland | Legislative Pension | \$9,000 |
| | Spouse Speech | \$1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Compronuealth of Penny Number | Castler. | 17348 |
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| 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. | BLOCK A 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). |
| ⇒ 000 | BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than tair 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." |
| T GAINS ED/BLIND:THUST THE of Income or Example, Partnership Income or Farm Income) | Type of 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. |
| 1,000 | 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 received. |
| portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. | BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year. |

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Indefinite

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Examples.

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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 - \$15,0 \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$2

\$250,001 - \$5

\$500,001--\$1 \$1,000,001 - \$

\$5,000,001 -\$25,000,001 -Over \$50,000,

INTEREST CAPITAL GAIN EXCEPTED/B

Other Type of (Specify: For Exe

\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 **--**\$15. \$15,001 - \$50

\$50,001 - \$10 \$100,001 -- \$1

\$1,000,001.-

Over \$5,000,0

S (partial)

NONE DIVIDENDS

RENT

None

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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| Se se | | SP, | С, | J | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|------------------------------------|----------------------|-------------------------------|--|---------------------|--|-----------------------------|--------------------------------|--|---|--|-------------------------------|-----------------------------|--|---|---|------------------------|-------------------|----------------------------------|--|-------------------------|--|---------------------------|---|----------------------------|-------------------------|--------|
| Continuation Sheet (if needed) | BLOCK A Asset and/or Income Source | | | | | | producted more 11: | -Galdbarn Soch | - Temple ton War !! | , | Kun | Busi | 6 | 1. 3 | 1 | - | [2,] | Exal | d Cfust | Farm Maria Mark | | 0 00 | | | | | |
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