PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS Name: be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not V. Did you, your spouse, or a dependent child have any reportable or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule III income of more than \$200 in the reporting period or hold any 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. **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION**—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. If yes, complete and attach Schedule V. IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule IV. reportable asset worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child receive "unearned reporting period? Report Type Status Filer ISI House of Representatives Annual (May 15) Member of the U.S. BUANG CAO District: State: _ **ANSWER EACH OF THESE QUESTIONS** 2 20 Amendment Yes Yes X Yes Yes X Yes Daytime Telephone: (202) 225-6636 <mark>2</mark> <u>8</u> <u>Z</u> <u>Z</u> <u>Z</u> Officer or Employee X IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. 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)? of filing in the current calendar year? If yes, complete and attach Schedule VIII. reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VII period (worth more than \$335 from one source)? VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VI. VIII. Did you hold any reportable positions on or before the date For use by Members, officers, and employees appropriate schedule attached for each "Yes" Employing Office: Each question in this part must be answered and the Termination Form A Termination Date: against anyone who files more than A \$200 penalty shall be 30 days late. 2009 MAY 15 FM 3: 30 THREE SOUNDED BALL LOIS HAND DELIVERED (Office Use Only) Yes Yes Yes 🗶 Yes Yes Yes response assessed No X <u>¥</u> No K S 8 Z O

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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 helow.

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.	nefits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ontario County Board of Education	Spouse Salary	NA
LAW OFFICE OF ANH Q. CAO	LEGAL PRACTICE	108, 12 9
WALGRENS CORP.	SPOUSE SALARY	
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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.

Conduct. A green envelope for transmitting the list is included in each Member's filing package.	s filing package.		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
ı		Aug. 13, 2008	\$500
NONE			

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COC CORP. STICK	SEP ZRA	IRA ACCOUNT	529 ALLOUNT	529 ACCOUNT	CAPITAL ONE, CO		Examples:	SP Mega Corp. Stock	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.	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
×	×	×	×	*	×	×	Indefinite	×	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 \$1,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$7 Over \$50,000,000	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
					*	×	Royalties	×	NONE 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)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

None
None
None S1 - \$1,000 S1,001 - \$15,000 S1,001 - \$15,000 S15,001 - \$10,000 S15,001 - \$250,000 S250,001 - \$100,000 S250,001 - \$100,000 S250,001 - \$100,000 S250,001 - \$100,000 S250,000 S250,000 - \$250,000 S250,000 - \$250,000,000 S250,000,000 S250,000 S250,000,000 S250,000 S250,
None \$1 - \$1.000 \$1 - \$1.000 \$1.5000 \$1.5000 - \$50.000 \$150,001 - \$50.000 \$100,001 - \$250,000 \$500,001 - \$100,000 \$100,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,001 - \$5.000,000 \$500,000 - \$0.000,000 \$10000 - \$0.000 \$10000 - \$0.000
None \$1 - \$1,000 \$1 - \$1,000 \$1 - \$1,000 \$1 - \$1,000 \$1 - \$1,000 \$1,00
None \$1 - \$1,000 \$1 - \$1,001 - \$1,001 - \$1,001 - \$1,001 - \$1,001 \$1,001 - \$
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CHENR PRECIOSS STL CETT GROUP ZNC. ESRA MOTER CO. MCKESSON COR A NEW YERK CON BANK CALANOS ZNUESTNENT
HERESION CORR. MERESION CORR. NEW YORK COR BANK TEUR PRARMACENTUM CALANOS ENVESTMENT
TEWN PARK COR BANK CALAMOS ENVESTMENT
MERESSON CORP. NEW YORK COR BONK CALAMOS ENVERMENT CALAMOS ENVERMENT
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SCHEDULE IV— TRANSACTIONS

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										CHINA MOBILE	CHENA METCOM	Example: Mega Coporation Common Stock (partial sale)	Asset	that resulted in a loss. Provide a brief description of any exchange transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property.
									,					PURCHASE		of T
										×	×	×		SALE		Type ransa
						 								EXCHANGE		Type of Transaction
										01/23/08	ochslos	10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
						·				×	×			\$1,001- \$15,000	В	
												×		\$15,001- \$50,000	ဂ	
														\$50,001- \$100,000	0	Amo
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<u> </u>										_		\vdash		\$25,000,000 \$25,000,001 -] 3
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			<u></u>							 		Ш		\$50,000,000	71	İ

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SCHEDULE V— LIABILITIES

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

	92		SP		SP. DC,) }	
CRE	8 2	ç,	CHASE	Example:	-		
CREDIT CARD	4 N K NOUV	CF3 SUNTECH SERVICING	S ()	First Bank of Wilmington, Delaware	Creditor		
REVOLUTING CHARGE	STUDBNT LOAN	STUDENT LOAN	CAR LOAN	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
×					\$15,000	8	
		×	×		\$15,001- \$50,000 \$50,001 -	C	
					\$100,000 \$100,001	D E	A
				×	\$250,000 \$250,001 -	-	moun
				 	\$500,000 \$500,001-	ື ດ	Amount of Liability
					\$1,000,000 \$1,000,001- \$5,000,000	I	ability
	*		-		\$5,000,001- \$25,000,000	_	
					\$25,000,001- \$50,000,000	ے	
					Over \$50,000,000	<u></u>	

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 \$134 or less need not be added towards the \$335 disclosure threshold. 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.

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)	\$345
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 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—	Lodging?	Food?	Was a Family Member Included?	Number of days not
	Chicago Chamber of Commerce	Mary		2	z		None
Examples:							
	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Clevelano		-	-	2 Days
7	NONE .						
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SCHEDULE VIII—POSITIONS

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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,

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

PROPRIETOR BOARD MEMBER BOARD MEMBER BOARD MEMBER MEMBER	Position
LAW OFFICE OF ANH OBOARD OF ELECTEONS ORLE INTERCULTURAL SCHOOL MRUN COMMUNITY DEVE LAW OFFICE OF AWH R.	Name of Organization

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

Date	Parties To	Terms of Agreement
	NONE	