| Yes No No | ies of a spouse or dependent child because | income, transactions, or liabilit | 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? |
|--|--|--|---|
| Yes No V | ct and certain other "excepted trusts" need not ent child? | on standards of Official Conduction, you, your spouse, or dependent | 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? |
| QUESTIONS | ANSWER EACH OF THESE QUESTIONS | INFORMATION — | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION |
| swered and the "Yes" response. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | No Each que appropri | Id have any reportable rting period? Yes |
| Yes No | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | No IX. Did you have an outside entity? If yes, complete | 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 No □ | 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. | No VIII. Did you hold of filing in the curr if yes, complete | 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. |
| Yes No | 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. | No VII. Did you, your reportable travel o period (worth more lif yes, complete a | 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 No | 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 VI. Did you, your reportable gift in than \$305 and n | 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 Ves |
| N. | NS | OF THESE QUESTIO | PRELIMINARY INFORMATION — ANSWER EACH O |
| A \$200 penalty shall be assessed against anyone who files more than 30 days late. | Termination Date: | Officer or Employing Office: Employee Terminatio | Status Member of the U.S. State: LN Status House of Representatives District: QS Report Annual (May 15) Amendment |
| 2000 OCT - 1 AM II: Oh / | (Daylime Telephone) | 201-992 | Baron P Hill |
| INSIDE MAIL | Form A | For use by Membe | UNITED STATES HOUSE OF REPRESENTATIVES 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. | ts received under the Social Sec | curity Act. |
|---|----------------------------------|---------------|
| Source | Type | Amount |
| | Approved Teaching Fee | \$6,000 |
| Examples: State of Maryland | Legislative Pension | \$9,000 |
| Civil War Roundtable (Oct. 2nd) Ontario County Board of Education | Spouse Speech Spouse Salary | \$1,000 NA |
| Seymour Community Schools | Spouse Salar | NA |
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For payments to charity in lieu of honoraria, use Schedule II.

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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 |
|------------------------|----------|---------------|---------|
| _ | Speech | Feb. 2, 2007 | \$2,000 |
| Examples: XYZ Magazine | Article | Aug. 13, 2007 | \$500 |
| None | | | |
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| · Hand W Mid Cop Val I | · PIMCO High Yield | · FID MGD INC BOTI | ·FID DIVISITIED JIVIT | FID Balanced | M Copy 40/k | | | SP, Sp Mega Corp. Stock | 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'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. | 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 IHAs 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 content that executes the |
|------------------------|--------------------|--------------------|-----------------------|--------------|-------------|---|------------|-------------------------|---|--|
| X | X | × | × | X | × | × | 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 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000 | 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 | X | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | BLOCK C 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. |
| | | | | | | × | × | X | None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 < | 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. |
| | | | | | | | 1 | S (partial) | | 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

| 14444 8 4 8 8 | | Cont |
|--|------------------------------------|---|
| State of Indiana Lisco Oracle Sun Microsoft Mortel Savings Indiana Bank | BLOCK A Asset and/or Income Source | Continuation Sheet (if needed) |
| \$5,000,001 - \$25,000,000 \(\sigma\) \$25,000,001 - \$50,000,000 \(\sigma\) | BLOCK B Year-End Value of Asset | |
| Over \$50,000,000 | BLOCK C Type of Income | To an |
| None | BLOCK D Amount of Income | DOMON Y. TILL |
| Over \$5,000,000 ≥ | BLOCK E Transaction | - aye + |

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SCHEDULE IV— TRANSACTIONS

Name

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SP, DC, JT or your dependent child, or the purchase or sale of your personal stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions sold, please so indicate (i.e., "partial sale"). See example below dependent child during the reporting year of any real property, Report any purchase, sale, or exchange by you, your spouse or residence, unless it is rented out. If only a portion of an asset is transaction. Do not report a transaction between you, your spouse, that resulted in a loss. Provide a brief description of any exchange န Example: Mega Coporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Quarterly, Monthly, or Bi-weekly, if applicable (MO/DAY/YR) 10-12-07 Date \$1,001-\$15,000 W \$15,001-\$50,000 O \$50,001-\$100,000 Amount of Transaction \$100,001-\$250,000 Ш \$250,001-\$500,000 " \$500,001-\$1,000,000 Ω \$1,000,001-# \$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-ے \$50,000,000 Over ㅈ \$50,000,000

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SCHEDULE V— LIABILITIES

Name Boron P. Hill Page

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.

| | | JT C SP, | |
|------|---|-------------------------------|---------------------|
| None | Example: First Bank of Wilmington, Delaware | Creditor | |
| | Mortgage on 123 Main St., Dover, Del. | Type of Liability | |
| | | \$1,001- \$15,000 | D |
| | | \$15,001- \$50,000 | 2 |
| | | \$50,001- \$100,000 | 2 |
| | × | \$250,000 | Amo |
| | | \$500,000 | unt of |
| | | \$1,000,000 | Amount of Liability |
| | | \$5,000,000 | ₽₹ |
| | | \$5,000,001- \$25,000,000 | - |
| | | \$25,000,001- \$50,000,000 | |
| | | \$50,000,000 | ^ |

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 |
| | | |
| None | | |
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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 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 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

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? Food? (Y/N (Y/N | | Was a Family Member Included? (Y/N) | Number of days <u>not</u> at sponsor's expense |
|----------------------|-----------|--|-----------------------------|-----------|---|--|
| | Mar. 2 | DC—Chicago—DC | z | | Z | None |
| Roycroft Corporation | Aug. 6-11 | DC—Los Angeles—Cleveland | Y | ~ | \ \ \ | 2 Days |
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Name Boron P. Hill

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

| | | Dicector | Position |
|--|--|---------------------|----------------------|
| | | Sycamore Land Trust | 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 |
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