UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	
Name: The BACA Daytin	Daytime Telephone:	2009 JUN 30 PM 1: 41
		J.S. HUUSE UF SEPRESENTATIVES MC
Filer Member of the U.S. State: CA Status K House of Representatives District: 42 CA Em	Officer or Employing Office: Employee	A \$200 penalty shall be assessed
Annual (May 15) (X) Amendment	Termination Date:	30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	ESE QUESTIONS	
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 X No if yes, complete and attach Schedule I.	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.	regating more Yes 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 Schedula II.		of receive any nother reporting Yes X No
ill. 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.	VIII. Did you hold any reportable positions on or before the date of filling in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date Yes No X
child purchase, sell, reaction exceeding Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? X If yes, complete and attach Schedule IX.	arrangement with Yes No X
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Wes, complete and attach Schedule V.	Each ques appropriate	tion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSWER	EACH OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent chi	ards of Official Conduct and certain other "excepted trusts" need not ur spouse, or dependent child?	trusts" need not Yes No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	transactions, or liabilities of a spouse or dependent child because ted with the Committee on Standards of Official Conduct.	child because Yes No X

	17.	AMERICAN PAY'L TAS. CO	OA. STRS - Retidement	CA. PERS-Reniesment	GTE/1/ex/2014-Stock	JT 1st Bank of Paducah, KY Accounts		SP. Sp Mega Corp. Stock	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 the activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is remail 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 IFAs 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).
	21.41		4.53+51	2	NJ TO SE				None > 31 - \$1,000	PLOCK 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."
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							Royalties		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 IHAs, 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.
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<u> 11.5</u>	13, 15		×	\times	×	L		ja.	\$1 - \$200	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 below. Dividends and interest, even if retirested, should be listed as income. Check "None" if no income was earned or generated.
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								S (partial)	ortion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Irransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in

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