#### UNITED STATES HOUSE OF REPRESENTATIVES Name: **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** Report Type Filer Status ames Annual (May 15) Member of the U.S. House of Representatives State: \_\_ District: r Amendment Daytime Telephone: (202) 225-55200 MAY 15 AM 11: 43 Officer or Employee For use by Members, officers, and employees Employing Office: Termination Form A Termination Date: U.S. HUUSE OF REPRESEMBLE USE Only) ် တို ATIVE RESOURCE CENTER against anyone who files more than 30 days late. A \$200 penalty shall be assessed INSIDE MAIL

# PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<del>₹</del>	Yes	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.
S ⊠	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	S S	Yes No	<ul> <li>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?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>
N <sub>S</sub>	Yes	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 <sub>S</sub>	Yes X	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.
<b>₹</b>	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 \$335 from one source)?  If yes, complete and attach Schedule VII.	S <sub>o</sub>	Yes	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.
<b>8</b> ⊠	Yes	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.	□ N	Yes 🔀	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.

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No.	Yes	<b>EXEMPTION</b> —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.	
_	Yes	<b>TRUSTS</b> —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?	

ame	
于	

Page	
مو	
유	
1	

### 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.

Source	Туре	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
Editorial work (Mottly Publications)	Spouse Free ance	てタ

#### ģ SP. dependent child (DC) or is jointly held (JT), in the of its activities, and its geographic location exceeding \$1,000 at the end of the reporting perioptional column on the far left. or income source is that of your spouse (SP) or Exclude: Your personal residence(s) (unless period. For an active business that is not publicly provide the value and income information not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed names of stocks and mutual funds (do not use which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income duction of income with a fair market value If you so choose, you may indicate that an asset Government retirement programs. less in personal savings accounts; any tinancial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by instruction booklet. Block A. For additional information, see traded, state the name of the business, the nature account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the (*i.e.*, plans in which you have the power, even if ticker symbols). For **all IRAs** and other retirement land, provide a complete address. Provide full Identify (a) each asset held for investment or proncome during the year. For rental property or Examples: Asset and/or Income Source or income derived SP Simon & Schuster Mega Corp. Stock 70 1st Bank of Paducah, O Ç C S l'Asque المد وي معزم あからいから X alex KY Accounts trom U.S > please specify the method used. method other than fair market value, None generated income, the value should be year and is included only because it If an asset was sold during the reporting reporting year. If you use a valuation Indicate value of asset at close of "None." œ \$1 - \$1,000 Indefinite O \$1,001 - \$15,000 o \$15,001 - \$50,000 Value of Asset έШ \$50,001 - \$100,000 BLOCK B П \$100,001 - \$250,000 Ø \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \_ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE not allow you to choose specific investments, you may write "NA." For ate any income during calendar year. vested, should be listed as income. ing the appropriate box below. Dividends and interest, even if reinretirement plans or accounts that do Check all columns that apply. For Check "None" if asset did not generindicate the type of income by checkall other assets including all IRAs, DIVIDENDS × RENT Type of Income **INTEREST** BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) or generated vested, should be listed as income. checking the appropriate box below. indicate the category of income ments, you may write "NA" for income. None Check "None" if no income was earned Dividends and interest, even if rein-For all other assets, including all IRAs, not allow you to choose specific invest-For retirement plans or accounts that do \$1 - \$200= ≡ \$201 - \$1,000 Amount of Income ₹ \$1,001 - \$2,500 BLOCK D < \$2,501 - \$5,000≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≨ \$50,001 -- \$100,000 Ÿ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000≚ Over \$5,000,000 sales (S), or exchanges (E) purchases (P) example See below for portion of an reporting year. \$1000 in exceeding Indicate if the as follows: please indicate asset is sold, lf only a asset had ransaction Œ. (S) (partial) BLOCK E (partial) пρп

•

**SCHEDULE III—ASSETS AND "UNEARNED" INCOME** 

	Schebote III—Assels And	ONE ADMED INCOME	Name	+	Page \$7 of 8
7					20000
	Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
SP,		A B C D E F G H - J K L		- =	. <del>U</del>
DC,		00 00 000 0,000	TRUST		пφ
득		50,000 60,000 6250,00 6500,00 61,000, - \$5,00 - \$5,00 - \$50,0	BLIND f Incon	00 00 000 0,000 0,000 ,000,00	
		\$1,000 01 - \$15 001 - \$6 001 - \$6 ,001 - \$6 ,001 - \$6 ,001 - \$6 ,0001 - \$6	DENDS T REST TAL GA	\$200 - \$1,000 1 - \$2,5 1 - \$5,0 1 - \$15, 01 - \$16 001 - \$1 0,001 - \$5,000,0	
	•	\$1,00 \$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00	RENT INTEI CAPI EXCE	\$1,00° \$2,50° \$5,00° \$15,00° \$50,00° \$100,00°	
	اسے دلہٰو	X	×	X	
	ty Naul Estate Inc	X	X	X	
	۲,	X	×	X	
	b Stock	X	×	X	
	الم المحالة	X	X	×	
	Fichery Copped & Kaltingham	×	×	×	
	Kleud	<b>X</b>	×	×	
4	in scatto t	X	X	X	
4	Riedistrans Conous Cods	×	×	X	
<del>ا</del> ا	Stock	X	X	X	
5	5	×	X	X	
ムイ	15 01	X	×	X	
<u>د</u> ۲	15-4-7	×	X	X	
4		×		X	
4	Microsoft Stock	×.	X	X	
٤٦		×	X	X	
<u>-</u> -	Ton who PLS ADRS	X	~	X	
4	The late of the co	×	×	×	
27	Field 1771 Small Cup	×	×	X	
L	Tradition "Cap + procedure Tord	X	×	×	=
5	Spertan light Muhat Indy fond	X	X	X	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) SP. 딬 DC, 1 GS D'S Stand from Lo Jennison 20/20 Asset and/or Income Source Street to Time LP Partners 2000 CP BLOCK A Municipal Name Stack apportunities Torust Luna Ford 60 et CP None æ \$1 - \$1,000 0 \$1,001 - \$15,000 U \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 D \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000  $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT  $\times \times \times$ INTEREST of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST Name Other Type of Income (Specify) None \$1 - \$200 = Amount of Income \$201 - \$1,000 = \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000  $\bar{\times}$ \$100,001 - \$1,000,000 \$1,000,001 ~ \$5,000,000 ×  $\succeq$ Over \$5,000,000 Transaction BLOCK E or, or, m

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Ċont	Continuation Sheet (if needed)		Name	17We	Page 7. V or V
	BLOCK A Asset and/or Income Source	BLOCK B  Year-End  Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
SP,			ST.		יס, י
DÇ,		00 000 0,000 00,000 000,000		00	m ŵ
5		5,000 50,000 100,00 \$250,0 \$500,0 \$1,000 \$5,00 \$5,00 \$5,00	AINS /BLINE	,000 ,000 ,000 0,000 00,000 1,000,00 \$5,000	
		ne - \$1,000 001 - \$1 5,001 - \$ 0,001 - \$ 0,001 - \$ 00,001 - \$ 00,001 - \$ 00,001 - \$ 000,001 - \$ 000,001 - \$ 000,001 - \$ 000,001 - \$ 000,001 - \$	NE VIDENDS NT EREST PITAL G. CEPTEC ner Type (Spe	- \$200 - \$200 - \$1,00 - \$2,5 - \$5,001 - \$5,001 - \$15 - \$0,001 - \$1 - \$0,001 - \$1 - \$0,001 - \$1 - \$1,000,001 - \$1 - \$2,5000,001 - \$1	
		\$1 \$1 \$2 \$2 \$5 \$1 \$2 \$5	RI RI IN C:	\$2 \$1 \$2 \$5 \$1 \$5 \$1 \$1	
	Kital St. Global	×	× ×	×	
<del>ک</del> ک	TI OF A THE STATE OF	X	X	<	
	Cs O, thous 8	X	X	X	
	Thancol Trucking LLC Stock	X	X	X	
8	CT HILLED THAT SZETT	×	X	X	
8	CT HILL ED TONA 529 CM	X	X		

This page may be copied if more space is required.

i

## SCHEDULE IV— TRANSACTIONS

SP, DC, JT sold, please so indicate (i.e., "partial sale"). See example below. 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 dependent child during the reporting year of any real property, 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 Report any purchase, sale, or exchange by you, your spouse, or Example: Mega Coporation Common Stock (partial sale) Stock Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) 2-31-08 04-02-08 applicable 10-12-08 Date \$1,001-\$15,000 • \$15,001-\$50,000 O \$50,001ø Amount of Transaction \$100,000 \$100,001-Ш \$250,000 \$250,001-\$500,000 П \$500,001-Ŋ \$1,000,000 \$1,000,001-\$5,000,000 I \$5,000,001-\$25,000,000 \$25,000,001 ے \$50,000,000

Over

\$50,000,000

ᄌ

This page may be copied if more space is required.

~
I
m
111
0
~
=
П
<
=
U
Ã
پ
ഗ
-4
=
O
ラ
<u>~</u>
m

Name Haws

Page &

. |જ

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-

Position	Name of Organization
Director	Friendled County Commonthy Toundanton
Advisory Board Hunker	Advisory Board Number Greenwich Alliance For Education

#### **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

 	 	,	<del></del> -	
				Date
				Parties To
				Terms of Agreement

;