× S	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No X	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards	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?
S	UESTION	FTHESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	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.
×	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No N	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	or before the date	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	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 🔀	d receive any in the reporting e)?	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.	× ×	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	d receive any gregating more	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.	₹ 丛	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
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTION
assessed more than	ty shall be and who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Employing Office: Termination Date:	Officer or Employee	Status Member of the U.S. State: IAC Status House of Representatives District: 3+ Type Annual (May 15) Mendment
H 12: 12	2000 JUL 15 FM 12: 12	100 V 201	202 225531 (Daytime Telephone)		Thomas Gilchre
CE CENTER	「おいれいらい RESOURCE CENTER	THI.	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Page 2 2

Asset and/or Income Source

BLOCK A

Block A. For additional information, see of its activities, and its geographic location period. For an active business that is not publicly instruction booklet. 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 provide the value and income information on 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 land, provide a complete address. income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value (i.e., plans in which you have the power, even if ticker symbols). For **all IRAs** and other retirement Identify (a) each asset held for investment or pro-Provide full

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Government retirement programs. your spouse, or by you or your spouse's child, Exclude: Your personal residence(s) (unless interest in or income derived from less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by

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 If you so choose, you may indicate that an asset

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

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

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

EXCEPTED/BLIND TRUST

Over \$50,000,000

NONE

RENT

DIVIDENDS

INTEREST

CAPITAL GAINS

JT 84 shs

Vormman Kes

DC. Examples.

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

Citigroup

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Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting year and is included only because it "None."

vested, should be listed

ate any income during ca Check "None" if asset di

Type of Inco BLOCK C

not allow you to choo ing the appropriate Dividends and interest, all other assets includii investments, you may wi Check all columns that retirement plans or acco indicate the type of incon

BLOCK D BLOCK E

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Wayne Thomas Gilchrest Page 3 of 4

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

or were paid by you and reimbursed by the sponsor.

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

spouse of dependent chillia that is totally independent of his of her retailorishly to you	ependent of his	or her relationship to you.				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	¥	Y	2 Days
Peace Research Institute Dec 6.9		DC-Lisbon Portugal-IC	7	<	2	hone
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