No ×	Yes	child because	sactions, or liabilities of a spouse or dependent child because	d" income, trans	ets, "unearne	ort any other ass	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?	EXEMPTION- they meet all t
No	Yes	trusts" need not	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?	e on standards ting you, your sp	he Committe trust benefi	sts" approved by ret details of such a	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct abe disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	TRUSTS—De be disclosed.
SNC	NESTIC	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	ST INFORM)R TRUS	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEP	EXCLUSION
nd the sponse.	wered a	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No ×	Yes	ve any reportable period?	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.	V. Did you, you liability (more to the second).
No X	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		Yes	ourchase, sell, on exceeding	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.	IV. Did you, yo or exchange a \$1,000 during If yes, comple
No	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.		Yes	ceive "unearned" d or hold any end of the period?	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.	III. Did you, yo income of mor reportable ass
No ×	Yes 7	d receive any n the reporting	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.	₹ ×	Yes	nation to charity in article in the	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did any individ lieu of paying you reporting period? If yes, complete
No	Yes	receive any regating 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.	§	Yes	(e.g., salaries or porting period?	 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. 	tees) of \$200 If yes, compl
			E QUESTIONS	OF THESE	RACH	- ANSWER	ARY INFORMATION -	PRELIMINARY
es more man	ne who lik	against anyone who mes more than 30 days late.	Termination Date:		Amendment		X Annual (May 15)	Report Type
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IYES MO	ilea Use Only	IS. HOUSE OF HOMICE VS ONLYES	aylime Telephone)			(Full Name)		
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		HAND DELIVERED	Form A For use by Members, officers, and employees		TIVES	PRESENTA: ATEMENT Period	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period	UNITED 2008 FINA

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Page 2 of 13

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.

SCHEDULE I—EARNED INCOME

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Seci	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
U.S. House of Representatives - Congressman	U.S. Representative	\$147,093

	Name
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Page 3 of 13

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
Examples: Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
	Article	Aug. 13, 2007	\$500
NONE	NONE		

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On Farm	On Farm	On Farm	Houston County, AL	400 Acre Farm	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 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 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).
			×		×	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 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$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 \$25,000,000 \$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 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	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."
Rents	FSA	Grain & Hay	×		×	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 it reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X	×	X	×		×	×	×	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 ×	BLOCK D 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.
							S (partial)	If only a 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 R. TERRY EVERETT

Page <u>5</u> of <u>13</u>

1 - \$1,000,000	→ \$15,000	NDS	DOCK B D	NDS ST L GAINS TED/BLIND TRUST Ce Fig. (2000) Co Co Co Co Co Co Co C	Part Part
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Amount of Income (Specify) Specify Specify Specify Specify	Amount (Specify) 1 - \$200	1 - \$200 = Amount of 1,001 - \$2,500 V 2,501 - \$5,000 S S S S S S S S S	\$1,000,001 - \$5,000,000 ×	\$1,000,001 - \$5,000,000 ×	

None	SCHEDULE III ASSETS AND	ASSETS AND "UNEARNED" INCOME	Name H	R. TERRY EVERETT
Value Valu	Continuation Sheet (ii needed)	BI OOK B	BI OOK C	BLOCK D
None	Asset and/or Income Source	Year-End Value of Asset	Type Incon	Amount of Income
	SP,	©	RUST	
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	IN Bldg. Cork	X	×	×

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

Name R. TERRY EVERETT

Page

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

Name R. TERRY EVERETT

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																				SP, DC,				
					Community Capital Bankshares	1	Money Market Account	Savings	Checking	Congressional Federal CU	SunSouth Bank - Checking		SunSouth Bank - Checking		Coffee and Houston Co., AI	personal residences in	2 Notes receivable on	retien lynch inn inj	⊈ G T				Asset and/or income Source	
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SCHEDULE IV— TRANSACTIONS

Name R. TERRY EVERETT

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Report any purchase, sale, or exchange by you, your spouse or		Type			}	Ì	į	J	1		-		
stocks honds commodities futures or other securities when the	2	טו וומוואמכווטוו	2	Dale			} 			ומוושמכווסו	-\{\frac{2}{5}}	=	_
amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	σ	<u>ი</u>	0	П	 -	<u>.</u>	I		
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.	PURCHASE	SALE	EXCHANGE	Quarterly, Monthly, or Bi-weekly, if applicable	\$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	\$5,000,000 \$5,000,001	\$5,000,001- \$25,000,000 \$25,000,001-	\$50,000,000 Over \$50,000,000
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SCHEDULE IV— TRANSACTIONS Name R. TERRY EVERETT Page 10 of 13

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dependent child during the reporting year of any real property,	of Tra	of Transaction	tion	Date			Amc	Amount of	of Tr	ans:	Transaction	ž	}	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	8	င	۵	М	TI	ត	I	_	C	<u> </u>
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	RCHASE	.E	CHANGE	Or Quarterly, Monthly, or Bi-weekly, if		00	000	000	000	0,000	0,000	00,000	00,001- 00,000	00,000
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.	PUR	SALE	EXC	applicable	\$1,001 \$15,000	\$15,00° \$50,000	\$50,00° \$100,00	\$100,0 \$250,0	\$250,0 \$500,0	\$500,00 \$1,000	\$1,000 \$5,000	\$5,000 \$25,00	\$25,00 \$50,00 Over	\$50,00
SP, DC, JT Asset			<				'							
SP Example: Mega Coporation Common Stock (partial sale)		×		10–12–07		×								
Illinois Fin. Auth. Rev.	×		· 1	03/29/07		;		×						
ACH Health Care Auth. Al.	×			10/09/07		·		×						
South FI Water Mgmt. Dist.	×		,	01/05/07	·			×						
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Name R. TERRY EVERETT

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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

 						_	_
					JT DC,) 	
			NONE	Example: First Bank of Wilmington, Delaware	Creditor		
				Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		1			\$15,000	8	
		· · · · · · · · · · · · · · · · · · ·			\$50,000		
 				,	\$100,000	0	
			<u> </u>	×	\$250,000 \$250,001 -	m	Amou
					\$500,000	= (at of L
					\$1,000,000 \$1,000,00 1-	G H	Amount of Liability
 					\$5,000,000 \$5,000,001-	_	
					\$25,000,000 \$25,000,001 \$50,000,000	ر د	
	L	 	-		Over \$50,000,000	<u> </u>	

SCHEDULE VI— GIFTS

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.

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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description
		\$325	Value

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

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Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DCChicagoDC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	~	2 Days
NONE						
			4		\	
	1					

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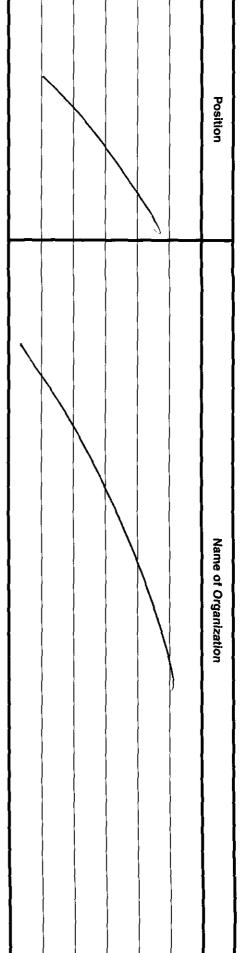
SCHEDULE VIII—POSITIONS

Name R. TERRY EVERETT

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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



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