No ×	Yes	child because	sactions, or liabilities of a spouse or dependent	f" income, tran	y other assets, "unearne	<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?
×	Yes	trusts" need not	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	on standards	proved by the Committe	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
S	UESTIONS	EACH OF THESE QUESTIONS	— ANSWER	T INFOR	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPEND
the )nse.	wered and Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	× N	reportable 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.
No ×	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	S S	se, sell, eeding Yes X	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.
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.	S S	unearned" d any he period?  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.
No  ×	Yes	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.	× ×	to charity in in the Yes	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.
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.	S I	salaries or period?	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.
			E QUESTIONS	OF THESE	ANSWER EACH	PRELIMINARY INFORMATION — A
	e who mes in	30 days late.	X Termination Termination Date:		Amendment	1
ssesse	ty shall be a	A \$200 penalty shall be assesse	or Employing Office:	Officer or Employee	#:PL #:2nd	Filer Status  Member of the U.S. State: House of Representatives District:
: 23	(Office Use Only)	HO) H2	(334) 792–6479 (Daytime Telephone)		EVERETT (Full Name)	R. TERRY EVERETT
. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3008
	JAN 3 0 2009	JAN	Form A For use by Members, officers, and employees		SENTATIVES	2008: FINANCIAL DISCLOSURE STATEMENT For The Calendar Year Reporting Period
					771117	

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Name
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Page\_ \_of 12

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.

Figure 1. Military pay for the Source of Charles and Source of Source of

SCHEDULE I—EARNED INCOME

Exclude.	Excide: Willialy pay (such as mailting quality of neserve pay), redefal remember programs, and per	personal received ander the operationality them	odiny i ion
	Source	Туре	Amount
	a position of the contract of	Approved Teaching Fee	\$6,000
Evamalas		Legislative Pension	\$9,000
examples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. HOUSE OF REPRESENTATIVES - CONGRESSMAN	U.S. REPRESENTATIVE	169,798
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Name
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Page 3 of 12

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.

Condon is grown chronological manner of the condon in condition in the con	G Lacourage.		
Source	Activity	Date	Amount
$\overline{}$	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
NONE	NONE		

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	On farm	On farm	On farm	Houston Co	400 Acre farm	JT 1st	;	SP, SP Me	each asset in the account that excee reporting threshold. For retirement plans is not self-directed, name the institution hold account and its value at the end of the reperiod. For an active business that is not traded, state the name of the business, the of its activities, and its geographic locic Block A. For additional information, sinstruction booklet.  Exclude: Your personal residence(s) there is rental income); any debt owed to your spouse, or by you or your spouse parent, or sibling; any deposits totalling \$5 less in personal savings accounts; any finterest in or income derived from Government retirement programs.  If you so choose, you may indicate that a or income source is that of your spouse dependent child (DC) or is jointly held (JT optional column on the far left.	BLOCK A  Asset and/or Income Soldentify (a) each asset held for invest duction of income with a fair mexceeding \$1,000 at the end of the record, and (b) any other asset or source which generated more than \$200 in income during the year. For rental land, provide a complete address, names of stocks and mutual funds ticker symbols). For all IRAs and oth plans (such as 401(k) plans) that are (i.e., plans in which you have the plans (such as 401(k) plans) that are (i.e., plans in which you have the plans (such as 401(k) plans).
				County, AL	m	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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.	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 IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the specific investments). In or exercised, to select the specific investments).
					e .				None >	Inc. Pie pie year
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	6/ 1/4-5	1,017		1000	1000	Ł	12/2		\$100,001 - \$250,000 P	BLOCK B BLOCK B  BLOCK B  of asset at close of If you use a valuation than fair market value, the method used.  sold during the reporting cluded only because it me, the value should be
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	7 . 3	A) ž	2 * * 1 .	* ** ** ** ** ** ** ** ** ** ** ** ** *	2 - Sec. 19	ķ	41.		RENT	Type of I Type of I Type of I Check all columns entirement plans or not allow you to investments, you mall other assets in all other assets in the appropring the approprin
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\$ 0 P	17.4	31,00	2 / 4 8 19	1333	1 2 3 1	╁	1 .	×	CAPITAL GAINS	BLOCK C  Type of Inc.  III columns the plans or accoming you to chunts, you may vassets including assets including appropriate ds and interessional be listed wone" if asset vane during on accome during on accom
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	Rents	FSA	Grain & Hay				Royalties		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 IFAs, indicate the upper or 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.
			×			Γ			None -	Ç <b>6 ₽</b> 9 ≅ ₹₹ ₹
35 ( FE )		}(&\pi_{\begin{subarray}{ccc} \phi_{\begin{subarray}{ccc}	7576	44300	1000		1.15		\$1 ÷ \$200 ( ) - 1	Amount of Incom  Amount of Incom  For retirement plans or account not allow you to choose specific ments, you may write "NA" for For all other assets, Including indicate the category of inconecking the appropriate bo Dividends and interest, ever vested, should be listed as Check "None" if no income was
									\$201 <b>-</b> \$1,000 ≡	A liftern other other No.
	(J. 34	33.73 33.73	112	\$\$ (5).			2 25	×	\$1,001 - \$2,500	BLOCK D  Amount of Income ament plans or accounts v you to choose specific vou may write "NA" for ther assets, Including a the category of ince the appropriate box ds and interest, even should be listed as i vone" if no income was re
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		445	13.0			<b>1</b>	*	1	\$50,001 - \$100,000	your pecifing to be every was
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41.63°	1000	1111			1,525	*	Ť.	$\mathbb{H}$	\$1,000,001 - \$5,000,000	BLOCK D  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 by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
<u> </u>	ļ <u>.</u>	<u> </u>	<u> </u>	<del> </del> -	<del> </del>	1	+	_	Over \$5,000,000 ×	
								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), or exchanges (E) exceeding \$1000 in reporting year.

None   None	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name R.	TERRY EVERETT
	BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income
None   None	S.P.	B C D E F G Y C C C C C C C C C C C C C C C C C C	3T	
Tool	DC,	000 0,000 50,000 00,000 000,000 5,000,000	IS IND TRU:	
- 16632		\$1 - \$1,000 \$1,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100 \$100,001 - \$25 \$250,001 - \$50 \$500,001 - \$1,0 \$1,000,001 - \$2 \$5,000,001 - \$2 \$25,000,001 - \$2	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BL	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000
X   X   X   X   X   X   X   X   X   X	•			
TYAT,	СМА	X	X	×
- 16288		×	×	
- 16288	Annuity			
Fund   X	ı			
Fund	CMA	X	×	×
#I Fund	r. Income			×
Paund         X <td>ľ</td> <td>×</td> <td>×</td> <td>×</td>	ľ	×	×	×
Alloc, Fd.		×	X	×
X	Strat. Alloc.	×	×	×
X	ty Adv. Diversifie		×	×
- 24252	International		X	×
- 24252				
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Elm TX Indpt X X	30	X	X	
			X	*

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

1

Name R. TERRY EVERETT

Page 6 of 12

	) and in the contract of the c		Name
### Asset and/or income Source    Year-End	Continuation Sheet (if needed)		
Value   Valu	BLOCK A  Asset and/or Income Source	вьоск <b>Туре</b>	BLOCK D  Amount of Income
Total   Tota		Asset	
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PICCE CONTROLLED INCOME

Name

R. TERRY EVERETT

Page 7\_ot 12\_

									Sp, DC,	1 1
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Conti		SP,	DC,	JT																						
Continuation Sheet (if needed)	BLOCK A Asset and/or Income Source					Congressional Federal CU	Checking	Savings	Money Market Account		Community Capital	' ' ' '														
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Page 8 of 12	BLOCK E Transaction	ם- ס	mο												-			į								,

## **SCHEDULE IV— TRANSACTIONS**

Name R. TERRY EVERETT Page 9

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property.	of Tr	Type of Transaction	tion	Date			Amount		of Transaction	ısactı	on l		]
				(MO/DAY/YR)	<b>W</b>	C		34% 318	<u>ិ</u>		-		<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse.	IASE		NGE	or Quarterly,		12.25	<u> </u>		-		)1-	(1 )(0	0 )
or your dependent child, or the purchase or sale of your personal	URCI	ALE	XCHA	Bi-weekly, if	000 ,000	,001- ,000	0,000 0,001	0,000 <b>0,001</b>	0,000 0,001 000,00	00,000	00,00	,000,0 ,000,0	),000,0
sold, please so indicate (i.e., "partial sale"). See example below.		5		7	<b>615</b>	\$50	<b>\$10</b>	\$2	\$50	\$1,		\$2! \$5(	
SP, DC, JT Asset							/ a.g.		1	1000000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Example: Mega Coporation (	Services	×	A 10 K	10-12-07	Section 1	X	19. No. 1	2000	* 1	1. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		Y	
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e Ala	X			7/24/08			×	¥(1 d 1 e					
Tenn St Sch Bd Auth	×			11/19/08			×	Adia)				ĬŶ.	
Harris Cnty Tex Cultural	×			8/28/08		*1. 22 XX ***** \$ = 3 X	×		TOTAL ST				<u> </u>
Central OH Solid Waste				11/21/08			×		n Mis				<u> </u>
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West VY City, UT		×		8/27/08		- জ কু মুন্	×					8 8 3	
Laredo TX Comm Clge		×		9/29/08		No. 100	×						
Bellwood, FL		×		11/14/08		. [-1,-5,1]	×						
Honoluly Hi Cy Co. Bd.		×		7/24/08		Kara J	×						
t.		×		11/12/08		2/2/4	×						
Birmingham, Al Wts.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X		7/22/08		43	×	7 - S					
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cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 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

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						٦,Ç.	S S		
			NONE		Example: First Bank of Wilmington, Delaware	Creditor			
					Mortgage on 123 Main St., Dover, Del.	Type of Liability			
				, , , ,	•	\$1,001- \$15,000	Œ		
·						\$15,001- \$50,000	C		
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	, ,		;			\$250,001- \$500,000	7	Amount of Liability	
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#### 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

		Example: Mr		
	NONE	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	

Name

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 or wore paid by you and reimbursed by the sponsor.

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

1

						-	
	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	was a ramiy Member included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evample:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Examples.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	~	2 Days
	NONE						
3							
						The state of the s	

### 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.

1

NONE

### 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
	NONE	