

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

NOT MARK ILLEGIBLE

Mark Hamilton Schauer

269-209-3940

(Full Name)

(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representative

State: MI District: 7

☐ Officer Or Employee

Employing Office:

Report Type: ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE 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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$336 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate 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 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

LEGISLATIVE RESOURCE CENTER
MAY 21 PM 5:06
(Official Use Only)

SCHEDULE I - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
State of Michigan	Salary	\$102,000
Battle Creek Community Foundation	Spouse 1099-MISC Income	\$2,037.35
Comprehensive Senior Care Corporation	Spouse 1099-MISC Income	\$5,037.50

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 assets 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 power, even if not exercised, to select the specific investments), 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.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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.</p>		<p>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 and is included only because it is generated income, the value should be "None."</p>	<p>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 if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>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 earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Northwestern Mutual Investment Services Roth IRA					
Kellogg Co. Stock		\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Growth Fund of America CL A Shares		\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
Income Fund Of America Ccl A Shares		\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
New Perspective Fund CL A Shares		\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
Russell Growth Strategy Fund CL A Shares		\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Washington Mutual Investors Fund CL A Shares	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	Northwestern Mutual Investment Services IRA				
SP	Bond Fund of America CL A Shares	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	Europacific Growth Fund CL A Shares	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Growth Fund of America CL A Shares	\$1,001 - \$15,000	DIVIDENDS/INTEGRAL REST	\$1 - \$200	
SP	Russell Balanced Strategy Fund CL A Shares	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
SP	Smallcap World Fund CL A Shares	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Washington Mutual Investors Fund CL A	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
	State of Michigan 401(k) Plan				
	SSGA Russell 2000 Index Fund Units	\$1,001 - \$15,000	None	NONE	
	Dodge & Cox Stock Fund	\$1,001 - \$15,000	None	NONE	P
	Legg Mason Large Cap Growth	None			PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Rainier Large Cap Growth Fund	\$1,001 - \$15,000	None	NONE	P
	Lord Abbett Midcap Value Fund	\$1,001 - \$15,000	None	NONE	
	Alliamece Bernstein Int Value I Fund	\$1,001 - \$15,000	None	NONE	
	American Fubd Europacific Growth	\$1,001 - \$15,000	None	NONE	
	SSga Emerging Markets	\$1,001 - \$15,000	None	NONE	
	MFS Total Return	\$15,001 - \$50,000	None	NONE	P
	Northwestern Mutual - Whole Life Policy	\$1,001 - \$15,000			
SP	Northwestern Mutual - Whole Life Policy	\$1,001 - \$15,000			
SP	Hooper Sisters, LLC	\$15,001 - \$50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Dodge & Cox Stock Fund	P	Quarterly	\$1,001 - \$15,000
	Legg Mason Large Cap Growth	PS	P: Quarterly S: 12/15/08	\$1,001 - \$15,000
	MFS Total Return	P	Quarterly	\$1,001 - \$15,000
	Rainier Large Cap Growth Fund	P	12-15-08	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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 reimbursed or paid directly 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Harvard University's Kennedy School of Government	Dec. 2-5	Detroit-Boston-Detroit	Y	Y	N	None

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Battle Creek Urban League
Director	Jackson Symphony Orchestra
Director	Kids 'n' Stuff
Director	Lifespan