PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS 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. **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? \$1,000 during the reporting period? If yes, complete and attach Schedule IV. income of more than \$200 in the reporting period or hold any lieu of paying you for a speech, appearance, or article in the Name: **EXEMPTION**—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. or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. reportable asset worth more than \$1,000 at the end of the period? Did you, your spouse, or a dependent child receive "unearned If yes, complete and attach Schedule II. If yes, complete and attach Schedule I. 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? CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES reporting period? II. Did any individual or organization make a donation to charity in Report Type Status Filer conard House of Representatives Member of the U.S. Annual (May 15) L. Boswell Ī State: District: ANSWER EACH Amendment Yes X Yes X Yes Yes X Yes OF THESE QUESTIONS Daytime Telephone: 8 8 <u>₹</u> <u>Z</u> <u>Z</u> Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting of filing in the current calendar year? period (worth more than \$335 from one source)? If yes, complete and attach Schedule VIII. VII. Did you, your spouse, or a dependent child receive any than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees VI. Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response Employing Office Each question in this part must be answered and the Termination 225 Form A fermination Date: 908E against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELVERED (Office Use Only) 2009 KAY 13 AM 9: 45 THE ATMITTESONS Yes Yes Yes Yes Yes Yes <u>8</u> <u>X</u> ş X × <u>8</u> 8 8

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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.	efits received under the Social Seci	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil war Houndrable (Oct. 2nd) Ontario County Board of Education	Spouse Salary	\$1,000 NA
Ridgeway R.V Community School	Spouse Salary	8886.68
Central Decatur Community School	Spouse Salary	270.00
Lamoni Community School	Spouse Salary	215.77
State of IOWA	Legislative Pension	8781.09
	9 9 9 9 9 9 1	

* Don't know value -duesn't be	* Lyrix Co (Cellular Tower)	Breeding Stock (Contre)	Farm Equipment	Aprical ture land 475 Acres New Buda (Burrell Township, Occating	1st Bank of Padu	Examples:	SP 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 power, even if not exercised, to select the specific investments).
w Value -cloesn't belong to me ; I lease Them	N/A	><	>	*	×	:	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000	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."
Space for their Tower 1	> <	Sale of calves	N/A	NA	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST 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 <i>including all IRAs</i> , 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 calendar year.
location	×	><	<i>X</i>	2 **	×		×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 <	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 earned or generated.
							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 IV— TRANSACTIONS

Name Leonard L. Boswell Page 4.

										Sale of calves	SP, DC, JT ASSET SP Example: Mega Coporation Common Stock (partial sale)	ulted in a loss. Provide a bition. Do not report a transact dependent child, or the puse, unless it is rented out. It ease so indicate (i.e., "particular particular	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	
1]									PURCHASE		 다
						-				×	×	SALE		Type of Transaction
												EXCHANGE		tion
										11-05-08	10-12-08	Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
												\$1,001- \$15,000	8	
											×	\$15,001- \$50,000	C]
				1						×		\$50,001- \$100,000	O	A I
												\$100,001- \$250,000	m	oun
												\$250,001- \$500,000	m	<u></u> [
												\$500,001- \$1,000,000	ဂ	rans
												\$1,000,001- \$5,000,000	=	Amount of Transaction
												\$5,000,001- \$25,000,000	-	
									 			\$25,000,001- \$50,000,000		
1												Over \$50,000,000	×	

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SCHEDULE V— LIABILITIES

Name Leonard L. Boswell

Page. S C

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

				DC,	2	
		Great Western Bank, LCON IA	Example: First Bank of Wilmington, Delaware	Creditor		
		Farm Building loan	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	8	
		×		\$15,001- \$50,000	င	
				\$50,001- \$100,000	a	
			×	\$100,001- \$250,000	ш	Amo
				\$250,001- \$500,000	וד	unt of
				\$500,001- \$1,000,000	ଜ	Amount of Liability
 	, , , , , , , , , , , , , , , , , , ,			\$1,000,001- \$5,000,000	I	Įŧy
			_	\$5,000,001- \$25,000,000		
 ļ			_	\$25,000,001 \$50,000,000 Over		
			L	\$50,000,000	ᄌ	

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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibi	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345