\{ 	hild because		" income, trans		
Yes No	trusts" need not	of Official Conduct and certain other "excepted to other bouse, or dependent child?	on standards	he Committe trust benefit	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?
JESTIONS	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	)R TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
vered and the Yes" respons	nust be ansv	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	s D	× <sub>es</sub>	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 No X	irrangement with	iX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<b>₹</b>	× ×	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 No	r 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	× ×	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 No	receive any 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.	× S	Yes	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 No	receive any egating 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.	N <sub>O</sub>	Yes X	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 THESI	R EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUEST
	against anyon 30 days late.	Termination Date:	Employee	Amendment	Report Annual (May 15)  Annual (May 15)
y shall be assesse	A \$200 penalty shall be	Employing Office:	Officer or	sion	Member of the U.S. State:
varusei Only)	CHANGE OF THE THE YEAR	(Daytime Telephone)			(Fu
5: 06	2 109 HAY 15 PM 5: 06	(847) 612-5673 1		ζ.	Janice D. Schukowsk.
H CENTER	LEGISLATIVE RESOURCE CENTER	רבפי		İ	
HAND DELIVERED	HAND [	Form A For use by Members, officers, and employees	! 		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
		,		<b>TIVES</b>	UNITED STATES HOUSE OF REPRESENTATIVES

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Name Janice
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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: Milifrary hay (such as National Guard or Reserve hay), federal retirement programs, and benef	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	opouse calary	.   _
Strategic Consulting Group	Spouse's Salary	NA A
State of Illinois	Legislative tension	120,451.00
	<u> </u>	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME			
BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
	Indicate value of asset at close of	•	_	Indicate if the
duction of income with a fair market value exceeding \$1,000 at the end of the reporting peri-	reporting year. If you use a valuation	retirement plans or accounts that do not allow you to choose specific		asset had purchases (P).
which generated more than \$200 in "unearned"	please specify the method used.	all other assets including all IRAs	indicate the category of	sales (S), or
land, provide a complete address. Provide full	If an asset was sold during the reporting	ing the appropriate box below.		exchanges (E)
names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement	year and is included only because it	<ul> <li>Dividends and interest, even if rein- vested, should be listed as income.</li> </ul>	<ul> <li>in- vested, should be listed as income.</li> <li>check "None" if no income was received.</li> </ul>	exceeding
plans (such as 401(k) plans) that are self directed	ed	Check "None" if asset did not gener		\$1000 in
not exercised, to select the specific investments),	"None."	ate any income currily calendar year	<u> </u>	reporting year.
and income information			25	If only a
each asset in the account that exceeds the		ne)		n only a
not self-directed, name the institution holding the	C	ncor		portion of an
account and its value at the end of the reporting		in I	を できない 一番 できない かいかい かいかい かいかい かいかい かいかい かいかい かいかい か	asset is sold,
traded, state the name of the business, the nature		or Fa		please indicate
of its activities, and its geographic location in		me (		as follows:
Ġ		Inco	The state of the s	(S) (partial)
Exclude: Your personal residence(s) (unless	00	<b>T</b>		evample
there is rental income); any debt owed to you by	000	RIS rtne	20 y 35	C C C C C C C C C C C C C C C C C C C
parent, or sibling; any deposits totalling \$5,000 or	00 000 000 0,00 000,0		0 00,00	,
interest in or income derived from U.S.	6,00 00,0 250, 500, 1,00 \$5,0 \$25	BLIN f Inc	500 000 5,000 60,00 60,00 51,00	'nπ
Government retirement programs.	\$15 \$15 \$1 -\$ -\$ 01 -	GA DA	\$2, \$5, \$15 - \$5 - \$5	т
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or	65,00 1 - 1 01 - 0 01 - 0 001 - 0 0,00 0,00 0,00	EN	\$200 - \$1 01 - 01 - 001 0001 \$5,0	
dependent child (DC) or is jointly held (JT), in the	,00 5,0 60,0 250, 906 ,00 25,0	ENT TEI API (CE	201 1,00 2,50 5,00 15,0 100,	
optional column on the far left.	\$1 \$1 \$5 \$5 \$2 \$5 \$1 \$5 \$2	PI RE IN C/ E)	\$1 \$2 \$2 \$5 \$1 \$1 \$1	
SP, SP Mega Corp. Stock	×	×	X	S (partial)
•	Indefinite	Royalties		
JT 1st Bank of Paducah, KY Accounts		×		
Amcap Fund Inc. Class A	*			
Fundamental Investors Inc. Class A	*			
Growth Fund of America Clase A	*			
While to Without Timet - class to	X		<b>X</b>	
Euro Pacitic Growth Fund Clase A	×			
Small Cap World Fund Class A	*		<b>X</b>	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SP Thorn bury Mortgage, Inc. Thomburg Investment Trust Patnam Intermediate Bond Fund Amer Northwestern Nutual Norgan Stanley - Dean Witter Tox CALAMOS Investments A & Edwards Lo Salle Banking - checking American High Interest Trust AMCAP Opponheimer & G. Advantage Asset and/or Income Source (Depasit held at NMI Bank Primary Liquidity Fund (Cash Acid Exempt Securities hust class Bank - checking Kase College Adventage 1998 Fund Inc. Nutual Funds Maney Marte 1000 2001 2000 > XXXXX XX XX X × XX O \$15,000 Value of Asset Year-End BLOCK B RENT of Income BLOCK C Type CAPITAL GAINS Name Janice D. Schatowsky Other Type of Income (Specify) Amount of Income  $|\mathbf{x}|\mathbf{x}$ \$1,000 BLOCK D ≦ ҳ  $\succeq$ Over \$5,000,000 Page 5 of I Transaction BLOCK E முல்

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jamice D. Schakewsky

Page 6 of L

Patnam International MFS Asset and/or Income Source Muxtual Funds Senes BLOCK A rust Þ None O \$1,001 **-** \$15,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B ດ \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 NONE RENT of Income BLOCK C Туре **CAPITAL GAINS** Other Type of Income (Specify) None Amount of Income \$201 - \$1,000 < BLOCK D \$2,501 - \$5,000 **≦** × \$100,001 - \$1,000,000 × Over \$5,000,000 Transaction BLOCK E மு. மு

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## **SCHEDULE IV— TRANSACTIONS**

Name Janice D. Schatowsky

Page T of 1

SP MFS Series Trust			SP Putnam Equity. Inc inherited  SP Thornburg Investment Trust-inherited	1	SP, DC, JT  SP Example:   Mega Coporation Common Stock (partial sale)  SP Putham Equity Inc. (Partial Sale)	stocks, bords, 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.	· ·
				<b>X</b>	××	SALE	Type of Transaction
8-28-07	& & S	မ်ာ့ သူ	8-28-07 8-28-07 8-28-07	10:1	10-12-07	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	ion Date
		×  >	××		×	\$15,001- \$50,000 P	
						\$100,001- \$250,000 m	Amount
						\$500,001- \$1,000,000	of Transaction
						\$5,000,001- \$25,000,000	action
						\$25,000,000 .50,000,000 Over \$50,000,000	

### SCHEDULE V- LIABILITIES

Name Javice D. Schakowsky

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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. 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

				Ŋ		_ ບ ູ ບ ທ	1
				50	L	SP, CC,	1
				Citibank A Advantage	Example: First Bank of Wilmington, Delaware	Creditor	
				Credit Card	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
							1
!	)			X		\$15,001- \$50,000	1
						\$56,000 IE	
300	TAS YES	New York			×	\$100,001- m \$250,000 m	
						\$500,001 - S	2
						\$1,000,000 */ \$1,000,001 ± \$5,000,001-	Shillity.
						\$25,000,000 \$25,000,000 \$25,000,000 \$56,000,000	
l						Over \$50,000,000	ł

#### 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 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.

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

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

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# SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	Was a Family Member included? (Y/N)	Number of days not 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	Υ	Υ	2 Days
Alliance by Health Rejoin	Jan 12-14	DC -Miami - Chicago	×	$\checkmark$	Z	More
The Congressional Program of the	5c-02 gr.	Chicago. SurTurn P. E.	۷	<u> </u>	<	none
		, S	1			
The Colbert Ros A	June 4	Chicago - Nyc - DC	Z	Z	2	hore
Unaher Live Inc	Sept 14-15	Chicago - LA - Chicago	Á	~	2	hane
	,		,			

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### SCHEDULE VIII—POSITIONS

Name Januce D Schartowsky Page 10 or 11

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.

Position	Name of Organization
Advisory Board	Wilber Wright College - HIV/STI Prevention Edwardi
Founding Board ) Duran	Illinois Women's Institute or Leadership
Hon. Bould of Director	Friends of Tsad Kadina
Hon. Committee	Women Employed, Wolking Women for Change Initiative

## 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	

### SCHEDULE VIII—POSITIONS

Name Janue D. Shakowsky Page 11 or 11

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
Policy (ouncil	(ith the Action/Illinois
Advisory Bond	Midwest Palliative and Hospice Care Center
11	
) (	+1
17	Ted Fund
	Women's Treatment Center

## 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	