| | | 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? | 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? | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO | V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? H yes, complete and attach Schedule V. | IV. Did you, your spouse, or a dependent child purchase, seli; or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | iil. Did you, your spouse, or a dependent child receive "unvearred" 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. | II. Did any individual or organization make a donation to charity in fieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | 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 !. | PRELIMINARY INFORMATION — ANSWER EACH OF THESE | Filer Member of the U.S. State: Officer or Status House of Representatives District: Employee Type Annual (May 15) | John E Peterson | UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For THE Calendar Year Reporting Period |
|----------------|------------------|--|---|---|---|--|---|--|--|--|--|-------------------------------------|--|
| | | ansactions, or liabilities of a spouse or dependent child bec | ds of Official Conduct and certain other "excepted trusts" n spouse, or dependent child? | INFORMATION — ANSWER EACH OF THESE | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | 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. | 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. | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggragating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI. | SE QUESTIONS | Employing Office: Termination Date: | 814-589-5241 (Daytime Telephone) | Form A For use by Members, officers, and employees |
| and the second | w ₂ - | cause Yes No | leed not Yes No | ESE QUESTIONS | be answered and the each "Yes" response. | nent with Yes No | the date Yes No D | orting Yes No | more Yes No | | A \$200 penalty shall be assess against anyone who files more th 30 days late. | (Office Use Only) | HAND DELIVERED |

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.

| Examples: State of Maryland Sport Coil War Roundhable (Oct. 2nd) Charlio County Board of Education Sport Communication West of Pennsylvania. | Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Person | \$1,000 \$1,000 \$1,000 NA |
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For payments to charity in Iteu of honoraria, use Schedule II.

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| PROJEDTIAL | NATURAL RESOURCE | Eporty Fond | value Fund. | GLOBAL FOND | PRUDONTIAL MUST | JT 1st Bank of Packacah, KY Accounts, | , | SP, Sp Mega Corp. Stock | provide the value and income internation 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 brocklet. 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 lotalling \$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 BLOCK A BLOCK A Representation investment or pach asset held for sources of income with a fair market value of the reporting party other asset or sources of income than \$200 in "unearning the year. For rental property e a complete address. Provide ocks and mutual funds (do not us). For all IFAs and other retirems as 401 (k) plans) that are sell direct white and lecome information. |
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| | | | ************************************** | | X | X X | ndefinite | X | None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$50,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$0,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$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." |
| | | | | | | X | Hoyalties | X X | 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 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 calendar year. |
| | | | | | | X X | X | X X | None | 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 essets, including all IRAs, indicate the category of income by chacking 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 tollows: (S) (partial) See below for example. P, S, E | BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (Ł) exceeding \$1000 in reporting year. |

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SCHEDULE VIII—POSITIONS

Name John E Peterson Page 4 of 4

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, campai 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.

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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

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