

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

**FORM A**  
For use by Members, officers, and employees

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**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

REPRESENTATIVE EDOLPHUS TOWNS

(Full Name)

202-225-5936 2009 MAY 15 AM 10:27  
(Daytime Telephone)

(Office Use Only)

**Filer Status**  
☒ Member of the U.S. House of Representatives  
State: NY District: 10

☐ Officer Or Employee  
Employing Office:

U.S. HOUSE OF REPRESENTATIVES

**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? <b>If yes, complete and attach Schedule I.</b>	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 \$335 and not otherwise exempt)? <b>If yes, complete and attach Schedule VI.</b>	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? <b>If yes, complete and attach Schedule II.</b>	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 \$335 from one source)? <b>If yes, complete and attach Schedule VII.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <b>If yes, complete and attach Schedule III.</b>	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? <b>If yes, complete and attach Schedule VIII.</b>	Yes <input type="checkbox"/> No <input checked="" 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? <b>If yes, complete and attach Schedule IV.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <b>If yes, complete and attach Schedule IX.</b>	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? <b>If yes, complete and attach Schedule V.</b>	Yes <input checked="" type="checkbox"/> No <input 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

<b>Trusts--</b> 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"/>
<b>Exemptions--</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? 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"/>

**SCHEDULE I - EARNED INCOME**

Name REPRESENTATIVE EDOLPHUS TOWNS

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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
INTERFAITH MEDICAL CENTER	SPOUSE SALARY	N/A
TEACHERS RETIREMENT SYSTEM	SPOUSE PENSION	N/A
ELIM CHURCH	APPROVED RELIGIOUS SERVICE	\$2,000
BETHEL BAPTIST CHURCH	APPROVED RELIGIOUS SERVICE	\$700
EVENING STAR BAPTIST CHURCH	APPROVED RELIGIOUS SERVICE	\$500
MOUNT OLLIE BAPTIST CHURCH	APPROVED RELIGIOUS SERVICE	\$327
BRONX CHRISTIAN FELLOWSHIP	APPROVED RELIGIOUS SERVICE	\$800

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E 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>
	MUTUAL OF AMERICA	\$1,001 - \$15,000	ANNUITIES	\$201 - \$1,000	
JT	BANCO POPULAR N.A.	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	BANK OF AMERICA #1	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	BANK OF AMERICA #2 (IRA)	\$1,001 - \$15,000	None	NONE	
JT	BANK OF AMERICA (ESCROW)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	NY COMMUNITY BANK #1	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	

SP	NY COMMUNITY BANK #2	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	NY COMMUNITY BANK #3	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	NY COMMUNITY BANK #4	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	PFIZER INC STOCK	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	ROCHESTER MUNICIPAL CLASS A	\$50,001 - \$100,000	INTEREST & DIVIDENDS	\$5,001 - \$15,000	
JT	COUNTRYWIDE (ESCROW) #1	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	COUNTRYWIDE (ESCROW) #2	\$1,001 - \$15,000	INTEREST	NONE	
	CONGRESSIONAL FCU #1	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	CONGRESSIONAL FCU #2	\$1,001 - \$15,000	None	NONE	
JT	REAL PROPERTY @ 256 HIGHLAND BLVD, BROOKLYN NY	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	

# SCHEDULE V - LIABILITIES

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	COUNTRYWIDE HOME LOANS	MORTGAGE ON 4304 HAWKSNEST DRIVE, LUTZ FL	\$100,001 - \$250,000
JT	BANK OF AMERICA N.A.	MORTGAGES ON 256 HIGHLAND BLVD, BROOKLYN NY	\$250,001 - \$500,000
	CONGRESSIONAL CREDIT UNION	OVERDRAFT/RESERVE LOAN	\$10,001 - \$15,000