Yes No No No	1 1	of Official Conduct and certain other "excepted trusts" need repouse, or dependent child?	on standards ig you, your sp income, trans	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? 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?
JESTIONS	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the response.	must be answ ed for each "Y	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	№	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	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No C	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		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.	No	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		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.	No C	If. 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 regating 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 _S	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? Yes Yes
		OF THESE QUESTIONS	OF THESI	PRELIMINARY INFORMATION - ANSWER EACH O
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty shall be against anyone who files 30 days late.	e Employing Office: Termination Date:	Officer or Emplayee	Status House of Representatives Annual (May 15) Member of the U.S. State: O3 Amendment
BUSE OMINITARES	Me Investoring Tist only LINES	(Daylime Telephone)		(Full Name)
2009 MAY 13 PM 4: 27	2000 MAY 1	104-362 (206)		Samuel tohert Johnson
SECOUNT OF WELL	3 0			
VERED	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Congressional FCU	Legacy Bank of Exas	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster 1st Bank of Paducah, KY Accounts	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.	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.	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).
× ×	*	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H - J K L	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 X 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 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.
× ×	*	×	None \$1 ~ \$200 \$201 ~ \$1,000 \$1,001 ~ \$2,500 \$2,501 ~ \$5,000 \$5,001 ~ \$15,000 \$15,001 ~ \$50,000 \$50,001 ~ \$100,000 \$100,001 ~ \$1,000,000 \$1,000,001 ~ \$5,000,000 Over \$5,000,000	- II III V V V VI VII VX X X	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 received.
		S (partial)	example. P, S, E	If only a portion of an asset is sold, please indicate as follows: (S) (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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	Name Dyn to	
	s Charles	
	Page 4 of 5	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

or were paid by you and reimbursed 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)	City of Departure—Destination—	Codging?	Food?	Was a Family Member included?	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC		z	Z	None
Roycroft Corporation	Aug. 6–11	DCLos AngelesCleveland	Υ	Υ	Υ	2 Days
Heritage Foundation	6-194	15-b1-3 DC-Baltimore,-DC	Y	7	Y	hone
			•			

SCHEDULE VIII—POSITIONS

Name Samuel Johnson

Page 5 of 5

organization, or any educational or other institution other than the United States. 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 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
Board of Regents	Board of Regents Smithsonian Institution, Washington, D.C.
Board Member	Caparanny

SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

 	_
Date	
1	
Parties To	
Terms of Agreement	