more than 30 days late.	Termination Date:	Termination	Report  Type  Annual (May 15)  Amendment	Report Type
be assessed against		Employee	atus House of Representatives District: 06	Status
A \$200 penalty shall	Employing Office:	☐ Officer Or	·	Filer
(Office Use Only).	(Daytime Telephone)		(Full Name)	
2000 円長 1 1 1 10: 48	202-225-4706		Honorable Albert Benjamin Chandler, III	
31N30 30 offessor 7 1				
	For use by Members, officers, and employees	 	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FINAN
HAND DELIVERED	FORM A Page 1 of 5	-	UNITED STATES HOUSE OF REPRESENTATIVES	LINU

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	<b>~</b>	TION ANSWER EACH OF THESE QUESTION:	ORMA	ST INF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	Ш
•		schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	
opriate	appr	Each question in this part must be answered and the appropriate	ō 【	Yes No 🗸	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 IX.			If yes, complete and attach Schedule IV.	
Yes V No	Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?		Yes 🗸 No 🗌	Did you, your spouse, or 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 VIII.			If yes, complete and attach Schedule III.	ì
Yes No 🗸	Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?		Yes 🗸 No 🗌	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?	Ę
[		If yes, complete and attach Schedule VII.	L		If yes, complete and attach Schedule II.	
Yes No 🗸	Yes	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305		Yes □ No ☑	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	=
		If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	
Yes □ No 🗸	Yes	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		Yes 🗌 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-
			100			1

Exemptions-- 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?

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

No K

Yes

**8** 

Trusts-

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		<u> </u>	JT		T	If you so cho that of your s in the optiona	Exclude: You debt owed to parent or sibl savings acco	ASSI Identify (a) ea a fair market and (b) any o than \$200 in land, provide mutual funds retirement plain which you investments) in the accour plans that are and its value that is not puts its activities, information,
KY Retirement Systems Account-Fidelity Contra	KY Public Employees Deferred Compensation Account	JP Morgan stock	Lipid Sciences, Inc. Stock	Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	Woodford Sun, Inc. Stock Versailles, KY Newspaper	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.	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.	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 assets or sources of income which generated more than \$200 in "unearmed" 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.
\$50,001 - \$100,000	\$50,001 - \$100,000	\$1 - \$1,000	\$1,001 - \$15,000	\$100,001 - \$250,000	\$15,001 - \$50,000			Yall Vall Vall Vall Vall Vall Vall Vall
Dividends Reinvested	NA	NA	NA	Dividends	Dividends			BLOCK B  BLOCK B  BLOCK C  Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than fair market please specify athod used. If an was sold and is led only because snerated income, lue should be  BLOCK C  Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or light properties."
\$2,501 - \$5,000	NA NA	NA	Z	\$2,501 - \$5,000	\$2,501 - \$5,000			BLOCK D  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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.
ס	NA	NA	NA	יס	ק			Page 2 of 5  BLOCK E  Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

 $\vdash$ Ţ SP  $\sqsubseteq$ 7 **USEE Bonds** Retirement Systems KY Public Employees Community Trust Bank Compensation Account-Gross Frankfort, KY Fund of America KY Public Employees Deferred Commonwealth Credit Union, Versailles, KY Rental Unit, 975 Pisgah Pike, \$15,001 -\$50,000 \$15,001 -\$50,000 \$15,001 -\$50,000 \$100,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$50,001 -Name Honorable Albert Benjamin Chandler, III Interest Renta Z Interest Reinvested Dividends cashed Bonds held, not Ϋ́ N \$1 - \$200 \$1 - \$200 \$1 - \$200 \$2,501 - \$5,000 × Š Z Z Z Page 3 of 5

## SCHEDULE IV - TRANSACTIONS

Name Honorable Albert Benjamin Chandler, III

Page 4 of 5

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a

SP, DC,	Asset	Type of Transaction	Date	Amount of Transaction
	KY Retirement Systems Account-Fidelity Contra	Р	Quarterly	\$50,001 - \$100,000
	Woodford Sun, Inc. Stock Versailles, KY Newspaper	ד	Quarterly	\$15,001 - \$50,000
	Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	ס	Quarterly	\$100,001 - \$250,000

## SCHEDULE IX - AGREEMENTS

Name Honorable Albert Benjamin Chandler, III

Page 5 of 5

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.

DateParties ToTerms of Agreement01-01-92Commonwealth of KY Retirement SystemsDefined Benefit Plan12-21-92Commonwealth of KY Public EmployeesDefined Contribution PlanDeferred CompDeferred Comp			
Commonwealth of KY Retirement Systems Commonwealth of KY Public Employees Deferred Comp	Date	Parties To	Terms of Agreement
Commonwealth of KY Public Employees Deferred Comp	01-01-92	Commonwealth of KY Retirement Systems	Defined Benefit Plan
	12-21-92	Commonwealth of KY Public Employees Deferred Comp	Defined Contribution Plan