Yes No		sactions, or liabilities of a spouse or dependent child because	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No		s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
ESTIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the es" response.	must be answe	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S S	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		<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	S S	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.	S <sub>S</sub>	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.	N <sub>o</sub>	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		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.	S <sub>S</sub>	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.  Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty against anyone of the state o	or Employing Office:  ae  Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: WC. Status House of Representatives District: 'fft.  Report Annual (May 15) Member of the U.S. State: 'MC.  Amendment Type Annual (May 15)
(Office Use Only)	Office	573. 874. (L&2.)		KENNY (HARLES HULSHIFF (Full Name)
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FEB 0 2 2009	/FEB	Form A For use by Members, officers, and employees	-	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For The Calendar Year Reporting Period

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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: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

<b>Exclude:</b> Military pay (such as National Guard or Heserve pay), tederal retirement programs, and benefits received under the Social Security Act.	penerits received under the Social Sec	curity Act.
Source	Туре	Āmount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland		\$9,000
Civil War Roundtab		\$1,000
	Spouse Salary	NA
FIRST NATIONAL BANK, CELLEMBIA, MC	SPOUSE THEME	24

1.6.1		·/	( <del>)</del>	2	<b>V</b> .	د.,	0	ς,		136	<b>○ 10</b> # 7 # 7	<b>5000</b> =		-
S) America	S) Ame	Amossicon	Amenta	American	AMESICAN		DC, Examples:	SP, SP	provide the value a each asset in the each asset in the reporting threshold. I not self-directed, nar account and its value period. For an active traded, state the nam of its activities, and Block A. For additionstruction booklet.  Exclude: Your per there is rental incomyour spouse, or by parent, or sibling; and less in personal save interest in or indicate incomes choose, your spous or income source is dependent child (DC optional column on the safety in the source is dependent column on the safety in the same source is dependent column on the safety in the same source is dependent column on the safety in the	not exercised, t	and, provide and, provide and, provide and, provide and ames of stockicker symbols), idens (such as a plans in water spans in	Identify (a) each duction of inc exceeding \$1,00 od, and (b) any which generate	Asset a	
Mancy Market	A Secretary	(Sept-1)	(Sudury	C Contrary	Signary, K.C. Me	in, KY Ac	: -	P Mega Corp. Stock	and income information and income information account that exceeds. For retirement plans that are the institution holding ue at the end of the report business that is not putime of the business, the nand its geographic locatio titional information, see resonal residence(s) (unime); any debt owed to you or your spouse's cony deposits totalling \$5,00 avings accounts; any financome derived from another programs.  The first of your spouse (SF our may indicate that an ast that of your spouse (SF C) or is jointly held (JT), in the far left.	not exercised, to select the specific investments)	Income during the year. For tental property or land, provide a complete address. Provide full land, provide a complete address. Grovide full names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if	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 to the period to the state of	Asset and/or Income Source	BLOCK A
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1257			4 - 6 6		2 655		E	* * * *	\$1 - \$1,000	"None."	If an asset was sold during the reporting year and is included only because it generated income, the value should be	Indicate value of asset at coreporting year. If you use a value method other than fair market please specify the method used		
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							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	3	ing 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.	all columns that apply. For ent plans or accounts that do ow you to choose specific ents, you may write "NA." For assets <i>including all IRAs</i> ,	Type of Income	c
~ III ()	X	X	×	×	×	C PH T			None -		Ches	For mot		
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								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	reporting year.	exchanges (E) exceeding \$1000 in	Indicate if the asset had purchases (P), sales (S), or	Transaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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# SCHEDULE IV— TRANSACTIONS

Name KENNY HULLSHOLF

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### SCHEDULE V— LIABILITIES

Name KENNY Hussner

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

4		Y		JT JT	S S	
CHASE VISA CARD	CHARLESTON, YMO.	PREGRESSIVE FARM CREDIT,	Example: First Bank of Wilmington, Delaware	Creditor		
CREDITIONS		DEST, OVERNITING LEAN	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$1,001- \$15,000		П
X		<u> </u>		\$15,001- \$50,000 \$50,001-	် ပ	
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				\$25,000,00 \$25,000,00 \$50,000,00	00	
				Over \$50,000,00		

#### SCHEDULE VI— GIFTS

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.

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 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	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325

### **SCHEDULE VIII—POSITIONS**

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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.

		Curicas	RENOW)	Position	
		BINGHAM ROAD CELLARS	ISTH HULSHOF FARMS	Name of Organization	

## 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