Yes	Cima Recardo	Sacritis, or liabilities of a spouse of repertuein.	ineamed income, tran	they meet all three tests for exemption?
	trusts" need not	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	ommittee on standards t benefiting you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child be disclosed.
UESTIONS	FTHESE Q	MATION - ANSWER EACH O	TRUST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
Yes" response.	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No C	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.		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	or before the date	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	receive any the reporting	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.	s No	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	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.	No L	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? Yes If yes, complete and attach Schedule I.
		E QUESTIONS	ACH OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalt against anyon 30 days late.	e Employing Office:  Je Termination Termination Date:	Officer or Employee	Filer Member of the U.S. State: B Status House of Representatives District: B Amendment Type Annual (May 15)
2009 JUH 13 PM 1: 14	ZRD9 JUN	202 225 3816 (Daytime Telephone)	r r	(Full Name)
HAND DELVERED	<b>*</b>	Form A For use by Members, officers, and employees	Ö	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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عطاد Page 2 ما	

# 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.

							D. MIZICH	The University of Houston-State of Texas	Ontario County Board of Education	Examples: Sale of Marylania (Oct 2nd)	Keene State	Source	exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
,								Spure Salary	Spouse Salary	Spouse Speech	Approved leaching ree	Туре	efits received under the Social Se
								ZA	NA	\$1,000	\$9,000	Amount	ecurity Act.

For payments to charity in lieu of honoraria, use Schedule II.

#### **BLOCK A**

Asset and/or income Source

Block A. For additional information, see 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 income during the year. For rental property or od, and (b) any other asset or sources of income duction of income with a fair market value exceeding \$1,000 at the end of the reporting peri-Identify (a) each asset held for Investment or pro-Exclude: Your personal residence(s) (unless provide the value and income information on land, provide a complete address. Provide full which generated more than \$200 in "unearned" instruction booklet. raded, state the name of the business, the nature *not exercised*, to select the specific investments), plans (such as 401(k) plans) that are self directed ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use (i.e., plans in which you have the power, even if its activities, and its geographic location > "None." on .

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If you so choose, you may indicate that an asset Government retirement programs. interest in or income derived less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, here is rental income); any debt owed to you by fom

optional column on the far left. dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or

None

\$1 - \$1,000

\$1,001 ~ \$15,000 \$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$500,001 - \$1,000,000

\$25,000,001 - \$50,000,000

\$500,000

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Mega Corp. Stock Simon & Schuster

1st Bank of Paducah, KY Accounts

Examples:

Mehropolytax

ONKOIMET

トレスム

I assets and unearned income, use next page.

TINZ FOR TNEOME

1554

investors

Value of Asset BLOCK B

method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting year and is included only because i

please specify the method used.

#### BLOCK C

#### BLOCK D

BLOCKE

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	≥_	A	P		<u> </u>	1		×	CAPITAL GAINS				<del>Q</del>	o Σ ≃:Ω	<u>∓</u> \$	ეც ლა	you to	columns plans or		. ;
	<b>被抗</b> 國				34376				EXCEPTED/BLIND TRUST		No.54		gring	sser	riate Pere	漢	may c	۲ م م	3	. !
							Royalties		Other Type of Income (Specify: For Example, Partnership In	ncome or Farm l	ncome	)	ate any income during calendar year.	vested, should be listed as income. Check "None" if asset did not gener-	ing the appropriate box below. I Dividends and interest, even if rein-	all other assets including all IRAs, indicate the type of income by check-	ou to choose specific you may write "NA." For	columns that apply. For plans or accounts that do		
									None	-				Ş	ĕ ₽	충필	万콩	2 2	)	
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				6		×	5.0		\$5,001 - \$15,000		` <b>S</b>	· · · · · · · · · · · · · · · · · · ·		ğ	ě ě	category appropri	s, ir	ਹ ਹਨ ਹ	9	_
>	<b>&gt;</b>	>	-						\$15,001 - \$50,000		¥			Check "None" if no income was received	Dividends and interest, even vested, should be listed as	category of appropriate	ments, you may write "NA for income. For all other assets, <i>including all IRAs</i> ,	not allow you to choose specific invest-	Amount of income	Ī
	表示						18	悠悠	\$50,001 <b>– \$</b> 100,000			Asia Asia		Wa	36.4	<b>⊕</b> ≠		specific	Ö	)
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								S (partial)	See below to example.  P. S. E.	asset is soid, please indica as follows: (S) (partlal)	portion of an	If only a	reporting yes	\$1000 in	exceeding		purchases (P	asset had	Indicate if the	Transactio

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) ဌ S SP, Asset and/or income Source NON VEIN BLOCK A 252 しとる ➣ None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 -Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 G I \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 -- ~ ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 Ĭ. \$1,001 - \$2,500 < \$2,501 - \$5,000 \$5,001 - \$15,000 ≦ \$15,001 -- \$50,000 Z \$50,001 - \$100,000 \$100,001 ~ \$1,000,000 ⋝ \$1,000,001 - \$5,000,000 Over \$5,000,000  $\succeq$ Page 4 of 7 Transaction BLOCKE சுல்ள

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## SCHEDULE V— LIABILITIES

Name heals packson (cc Page 5 of 7

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.

\$15,001- C \$50,000 C \$50,000 T \$100,000 M \$250,000 M \$250,000 M \$500,000 M \$1,000,000 G \$1,000,000 M \$5,000,001- H \$5,000,001- S \$5,000,000 M		ンプ	1 [[	Exar	SP, DC,	
Type of Liability    St. 001   St. 000   St. 0		HASE MANNAHAL	Acily Tatzo BANK	nple: First Bank of Wilmington, Delaware	Creditor	
\$15,001-\$50,000  \$50,000  \$50,000  \$100,001-\$7 \$250,000  \$250,000-\$7 \$500,000-\$7 \$51,000,000  \$51,000,000-\$7 \$55,000,000-\$7 \$55,000,000-\$7 \$55,000,000-\$7	44			Mortgage on 123 Main St., Dover, Del.	Type of Liability	
\$50,000  \$50,000  \$50,000  \$100,000  \$100,001  \$250,000  \$250,000  \$500,000  \$1,000,000  \$1,000,000  \$5,000,001  \$5,000,001  \$5,000,001  \$5,000,000  \$5,000,000  \$5,000,000  \$5,000,000  \$5,000,000  \$5,000,000  \$5,000,000					\$15,001	
X   \$100,001- m   Amount of   \$250,000 m   \$250,000- m   \$500,000- m   \$500,000- m   \$1,000,000 m   \$5,000,000- m   \$5,000,000- m   \$5,000,000- m   \$25,000,000- m   \$25,000- m   \$25,000,000-			Section 1888		MCO 000 1/	
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\$25,000,000		1 1				0
A STATE OF THE PROPERTY OF THE			A TOTAL TOTAL		\$5,000,000	\$

#### SCHEDULE VI— GIFTS

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. 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.

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

Use additional sheets if more space is required.

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Page 6 of 7

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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.

spouse of dependent child that is totally independent of the or the remarkable to you	cherine in or use	or tigi temperatura se Jean			, in the second	
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	was a rammy Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	4	~	*	2 Days
Khana 50 lubilee (elebration	Mark 2-7 9	Mark 2-7 of DC - ALLIZIA have	<u> </u>	<	2	None
	March 30-31-7	MARY 30-31-4 DC - NEWATH N	<u> </u>	<u>&lt;</u>	2	Nave
0	AD- 3 2007	Nor 3 2007 DC - New Orleans	<i>\\</i>	<b>\</b>		Newle
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## SCHEDULE VIII—POSITIONS

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Page 7 of 7

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, compensated 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

Hararay Chair	Delvico y David	Boy Scourtz of Marica	)175-br - 48	Vice Chancellor- 4D	Position	
1 emperary position for short-profit	Holyta And Dans	± Mex	<b>P</b>	patalist to Augustin 45	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

 Date	Parties To	Terms of Agreement
	-	