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Exemptions	Trusts-	XCLUSION O	If yes, complete		If yes, complete		If yes, complete		If yes, complete	Did any individual o you for a speech, a	If yes, complete	Did you or your spoor more from any s	RELIMINARY	Report Type	 	Filer 🗸 Status				JNITED ST/ ALENDAR YEA
Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	If yes, complete and attach Schedule 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 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?	If yes, complete and attach Schedule 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 \$100 in the report in the period of hold any reportable asset worth	If yes, complete and attach Schedule 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 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?	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	Annual (May 15) Amendment		Member of the U.S. State: TX House of Representatives District: 31	(Full Name)	John Rice Carter		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT
assets, "unearned" inco n? Do not answer "yes	lind Trusts" approved by the Committee on Standards of Offi Have you excluded from this report details of such a trust b	RUST INFORMAT		Yes V No	 	Yes 🗸 No 🗌	:	Yes V No U	i ! 	Yes No	i !	Yes 🗸 No 🗌	H OF THESE QU	☐ Termination		EL O				VTATIVES EMENT
ome, transactions, or li ;" unless you have first	e on Standards of Offic stails of such a trust be	TION ANSWEI	schedule attach	Each question i	If yes, complete an	Did you have any repo IX. entity?	If yes, complete an	Did you hold any report VIII. current calendar year?	If yes, complete an	Did you, your spouse, VII. reimbursements for tr	omplete a	Did you, your spouse, VI. reporting period (i.e., a exempt)?	DESTIONS	on lermination Date:		Officer Or Em Employee				FORM A For use by Memb
liabilities of a spouse or dependent child st consulted with the Committee on	cial Conduct and certain other "excepted enefiting you, your spouse, or dependent	R EACH OF THESE QUESTIONS	hed for each "Yes" response	in this part must be answered and the appropriate	nd attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	nd attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year?	nd attach Schedule 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)?	nd attach Schedule 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)?) Date:		nploying Office:	(Daytime Telephone)	202-225-3864		bers, officers, and employees
lependent child mittee on	other "excepted e, or dependent	SE QUESTI	esponse.	answered an	: '	ment with an outsic	: 	the date of filing in	! ! !	e any reportable tra worth more than \$3	 	e any reportable gift and not otherwise		mor late	i an	e.sເບີນຊີ 🎢ຊີ be		2000 0 1 5	2" 2" EV	
Yes No	Yes 🗌 No 🗸	SNO		d the appropria	<u> </u> 	Yes	ļ	Yes □	 !	Yes	 ! 	t in the Yes No		more than 30 days late.	anyone who files	്ട പ്രാജ് Arsyz000 per Many yfall be assessed against	(Office Use Only)	0 PH 13: 30	NE RESOURCE CENTER	
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Rice Carter

Exxon	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 "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. 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. 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.
\$1,000,001 - \$5,000,000	Pear-End Year-End 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 and is included only because it is generated income, the value should be "None."
DIVIDENDS/CAPI TAL GAINS	Type of Income Check all columns that apply. For retirement plans or accounts 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.
\$50,001 - \$100,000	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 earned or generated.
S(part)	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.