	child because Yes	sactions, or liabilities of a spouse or dependent child because	l" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilitie they meet all three tests for exemption?
No X	trusts" need not Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ng you, your sp	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and cebe disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
SNOI	)F THESE QUEST	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	estion in this part must be answered and the te schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	× X	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.
<b>□</b> 8 <b>□</b>	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	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.
š □	or before the date Yes	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.	N <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.
	d receive any in the reporting Yes a)?	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.	× ×	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.
No No	receive any regating more Yes	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.	<b>∑</b>	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	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
l be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Termination Date:	Officer or Employee	Status Member of the U.S. State: House of Representatives District: Type Annual (May 15)  Amendment
DINANCES AC	(Office Use Only) ::5	(Daytime Telephone)		
CENTER : 21	ZECOMKY 13 RT 2: 21	202-225-3415		WAITER BEAMAN JUNES
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

Ta	u	4	9	4	4	IJ	0	SP.		
~	4	-	<b> </b> 	4	7	F	DC, E	۳.	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 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.	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).
		}	N.			ļ	Examples:		assisting states and a state action action to be action.	BLOCK A  Asset and/or Income Source  ify (a) each asset held for investment of  on of income with a fair market  on (b) any other asset or sources of in  unease during the year. For rental proper  provide a complete address. Provide  sof stocks and mutual funds (do no  symbols). For all IRAs and other retire  such as 401(k) plans) that are self dir  plans in which you have the power, evercised, to select the specific investment.
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$\succeq$	×		><				3		\$1 ~ \$1,000	BLOCK B  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."
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										rcome that apply. For accounts that do choose specific ends income by checknown by
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WALTER B. JONES

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## SCHEDULE IV— TRANSACTIONS

Name WACTER B. JONES Page 4

													ST VISTEON	IT PUTNAM NEW GROWTH	Example: Mega Coporation C	SP. DC. JT Asset	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions	
											<u> </u>		×	X	×		SALE		Type of Transaction
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## **SCHEDULE VIII—POSITIONS**

Name WALTER B. JONES

Page S of S

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

BOND of DIRECTORS	Name of Organization  EAST CAROLINA VOCATIONAL CENTER

## 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	