Yes No X	child because	sactions, or liabilities of a spouse or dependent child because	a" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No	trusts" need not	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on standards ng you, your st	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen
QUESTIONS	FTHESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
swered and the "Yes" response.	must be an ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _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 X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No N	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.
e 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.	8 ⅓	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	d receive any no 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.	No M	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 X	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.	8 ⊠	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 THES	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penagainst anyo	or Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: MG House of Representatives District: 154 Report Annual (May 15) Amendment
2003 MAY - 7 PM 1:22 S. HOUSE OF REMESSANDANCES M. J.	2909 MAY - 7	202 235-5311 (Daylime Telephone)		Wayne Thomas Gilchrest
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

JT 233 shs Noveen Municipal	JT 55sly Johnson + Johnson	IT 400 shs Intel Corp	of 18 shs Idear Inc	JT 84 shs Dominian Res Tac	IT 70 shs Citigroup INC	JT 1st Bank of Paducah, KY Accounts	!!	SP, SP Mega Corp. Stock	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).
×	*	×	*	*	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	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."
						×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns 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 calendar year.
						×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ∑ \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	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 received.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne Thomas Gilchrost Page 3 of +

] S	Continuation Sheet (if needed)
	BLOCK A Asset and/or Income Source
SP,	
D C	
J	
-	125 Pepco HLdas INC
5	50 shs Valero Emeray
7	٧,
57	3
H	1133 she US GOVIT MONEY Mr
7	Miancele
7	5384 shs Frantial Income
7	merican Gro
7	
7	L.,
H	Time share Devicy Brach D
7	certificate of deposit,
	الام
	•
Au	securities are held
Aii	physiciends and jut
ε.	files o
न्न	return for the Gilchrests

I homas Silchros Page 1	Name Wayne
トニフィ	-

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 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 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

spouse or dependent child that is totally independent of his or her relationship to you 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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar, 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC-Los Angeles-Cleveland	Y	Y	~	2 Days
Peare Rosearch Institut	Der 6-9	OC - Lisban Partugal-D	Υ .	Y	/ /	NONE
Of Oslo, Norway	1					
Interdisciplinary from	53					
Catholia Universita						
Iranian Institute of						
Philosophy						
			_			
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