₹	Yes	child because	sactions, or liabilities of a spouse or dependent	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
×	Yes	trusts" need not	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 be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen
G	NOITSAUE	FTHESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	swered and "Yes" respo	must be and ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	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.
X	Yes	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.
S	Yes 🗶	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.	S □	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	d receive any in the reporting e)?	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.
S	Yes	d receive any gregating 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? Yes Yes
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late.	r Employing Office: e Termination Date: A A A A A A A A A A A A A A A A A A A	Officer or Employee	Status Member of the U.S. State: 1964 Amendment Filer Member of the U.S. State: 1964 Amendment Type Annual (May 15) Amendment
TX.	2:53 (Office Use Only)	77 - 13 E	607-868-482 c (Daytime Telephone)		John R. Kwhi JR. (Full Name)
	JAN 3 1 5000	SAN	Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2008 Calendar Year Reporting Period
					WINITED STATES HOUSE OF REPRESENTATIVES

John R. Kuhl, Ja	Name
. Kuhl	John
	₹
` <u>_</u>	Kuhl
-	

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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.

Source	Type	Amount
/land 	Legislative Pension Spouse Speech Spouse Salary	\$9,000 \$1,000 NA
MY State & Local Employees Retwement System	pension	71, 160.36

		T	-		1	I.			. 1				
						of Bath	ħ, ΚΥ Ą	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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.	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.	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).	BLOCK A Asset and/or Income Source
										None	>	395 = B385	
		·						₹		\$1 - \$1,000	8	Indicate reportin method please If an as year ar year ar generat "None."	
								Indefinite		\$1,001 – \$15,000	0	9 X X X X	
								ŧ		\$15,001 - \$50,000	0	val oth peci et w	_
									×	\$50,001 - \$100,000	П	value of asset at close of year. If you use a valuation other than fair market value, pecify the method used. et was sold during the reporting is included only because it d income, the value should be	BLOCK B Value of Asset
						×	×			\$100,001 - \$250,000	ī	of han han he r	BLOCK B
										\$250,001 - \$500,000	G	ass You In fail meth duri ed the	¥ S
										\$500,001 - \$1,000,000	I	set use ir nod nod only vali	SS
										\$1,000,001 - \$5,000,000	_	at at at at at a at at at at at at at at	욘
										\$5,000,001 - \$25,000,000	-	clo val val ed. et rep eca sho	
										\$25,000,001 - \$50,000,000	7	uatí valt valt use	
	ì									Over \$50,000,000	F	be to on of	
										NONE		Che retir not all inve all ind ing Div Che ate	
									×	DIVIDENDS		Check all columns retirement plans or a not allow you to investments, you may all other assets inc. Indicate the type of it ing the appropriating the appropriating the appropriation of the column of the point of the column of the appropriation of the appropriation of the appropriation of the column of the col	
						×	×			RENT		ck all ement allow stment sther a sther the the the dends led, sheck "No any inc	_
			-							INTEREST		t pla t pla t pla t pla ne ty asse app app s an one'	ξ
							Г		×	CAPITAL GAINS	91 - 30-111	columns plans or you to you to s, you m issets in appropriate appropriate and interiould be ne" if as; ome duri	BLOCI
										EXCEPTED/BLIND TRUST		t columns the plans or accept to plans or accept to character the plans or accept the plans or accept the sand interess and interess and interest sand inter	
								Royalties		Other Type of Income (Specify: For Example, Partnership	Income or Farm 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.	ncome
										None	_	Che Cha Fo	
						ļ				\$1 - \$200	=	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , 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.	
					ļ				\perp	\$201 - \$1,000	=	irem you other of the e the nds nds ''Nor	≥
				<u></u>	ļ	 			×	\$1,001 - \$2,500	₹	ient lent lent lent lent lent lent lent l	BLOCK D Amount of Income
					ļ	×				\$2,501 - \$5,000	<	t plans or acco to choose sp nay write "NA" issets, <i>includi</i> category of appropriate ad interest, e ild be listed if no income v	unt BE
	L	ļ	 	<u> </u>	<u> </u>	<u>'</u>	×			\$5,001 - \$15,000	≤	hoosy write s, in syrop syrop trene	BLOCK D
				<u> </u>		ļ			\downarrow	\$15,001 - \$50,000	IIIV	race ses "N./ clux y o riate riate sted me	<u> 5</u>
	L			<u> </u>	<u> </u>					\$50,001 - \$100,000		cour ipec ding f in f in was	ě
						ļ	<u> </u>	×	_	\$100,001 - \$1,000,000	≖	nts the inficial recommendation in its the incommendation in its tender of the incommendation in its tender in its	ត
l				<u> </u>						\$1,000,001 - \$5,000,000	×	unts that do ecific invest- for income. ing all IRAs, income by box below. ven if rein- as income. as received.	
					ļ					Over \$5,000,000	×	ი ა ქგენა აქმ	
									S (partial)	See below for example. P, S, E	If only a portion of an asset is sold, please indicate as follows: (S) (partial)	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	BLOCK E

SCHEDULE V— LIABILITIES

Name John R. Kwhi 12

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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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

Example: First Bank of Wilmington, Delaware Five Stav Bank Equitable Life Juswance (AXI Chase Bank Chase Bank	DC, 94	Creditor	1	Type of Liability	1- 00	1- 00 w	1- 000	1- 00	1- 00	1- 00	1- BB	1-	1- BB O1- C O1- O00 Amount of Liability O,000 G O,001- O,000 O,001- O,000 O,001- O,000 O,001- O,000 O,001- O,0001- O,0
	n X		_		\$1,001- \$15,000	\$1,001- \$15,000 \$15,001- \$50,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001 \$250,000 \$250,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$500,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001 \$500,000 \$500,001 \$1,000,00	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$500,001 \$1,000,00 \$5,000,00
(AXA)	-71 [0]) Moi	Mortgage on 123 Main St., Dover, Del.	St., Dover,	St., Dover, Del.	St., Dover,	St., Dover, Del.	St., Dover, Del.	St., Dover, Del.	St., Dover, Del.	St., Dover, Del.	St., Dover, Del.
	+ -	puttable Life Inswance (AXA)	1.4.	life ins. policy loans		ins. policy loans X							
		hase Bank	CV	credit card lean		edit card lean X							
	-	hemung Canal Trust	0	car loan		av loas						• • •	

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 Citizer Platter (Jotermination on possonal friendship received from Committee on Standards)	Value	
	2 tickets - Waytona 500 (Ethics comm. approval - per. Friend)	500°	

SCHEDULE VIII—POSITIONS

Name John R. Kuhl, dx

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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.

		•	Pres. Board of Directors	Position
			Reginald wood Scout Memorial, Inc.	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
	notapplicable (none)	