Yes No No		sactions, or liabilities of a spouse or dependent c	d" income, trans	<b>EXEMPTION</b> —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?	EXEMP they me
Yes No V		of Official Conduct and certain other "excepted to pouse, or dependent child?	e on standards ing you, your sp	<b>TRUSTS</b> —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?	TRUST: be discle
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
red and the s" response.	nust be answei ∍d for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S 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.	V. Did y. liability ( <b>If yes, c</b>
Yes No		IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	N <sub>o</sub>	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.	IV Did or exch. \$1,000
Yes No	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.	III. Did y income reportat
Yes No	ne 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.	<u>S</u>	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.	II. Did a lieu of preportin reportin If yes, o
Yes No 🗾	oʻ.	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.	S <sub>o</sub>	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.	I. Did yofees) of
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE	PRELI
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty sagainst anyone was adays late.	or Employing Office:  Termination Date:	Officer or Employee	Member of the U.S. State: 1374  House of Representatives District: 1374  Annual (May 15)  Amendment	Filer Status Report Type
2008 MAY 15 AM 11: 21	2008 HA	<b>Ж</b> 990 – 935 У (Daylime Telephone)		Albid Sikes (Full Name)	
LEGIS! ATIVE RESOURCE CONT.	LEGIS! ATH				
HAND DELIVERED	HAND D	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period	2008 For 2

Name Albio SIRES

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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

Source   Type   Amage	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	Amount \$6,000 \$9,000 \$1,000
Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$9,000 \$1,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	4 ,000
		NA
New Jersey State Pension	Legislative Eusian 5 36, out	36,000
	C	
West New YORK BOARD OF Education	Spouse SMARY	N/A

AM TITLE AGENCY, INC Note: Receive money from Fich Morell for Sale of interest in A.M. Title Ascusy INC	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.  SP. SP. SIP Mega Corp. Stock SIDC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	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 IHAs 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.
M. C	None   10	PLOCK B  Value of Asset  Indicate value of asset at reporting year. If you use a method other than fair mark please specify the method use If an asset was sold during the year and is included only be generated income, the value s "None."  A B C D E F G H I
	\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE  X DIVIDENDS  RENT INTEREST  X CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership	Check all columns that apply. retirement plans or accounts that not allow you to choose speinvestments, you may write "NA" all other assets including all indicate the type of income by ching the appropriate box be Dividends and interest, even if r vested, should be listed as inco Check "None" if asset did not ge ate any income during calendar y
	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 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. ner-pear.  I II III IV V VI VII VIII IX X XI
	See below for example.  P, S, E E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial)

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)		frd Suitable	IDIO SIKCS	
BLOCK A  Asset and/or Income Source	BLOCK B <b>Year-End</b>	вьоск с <b>Туре</b>	BLOCK D  Amount of Income	BLOCK E Transaction
	Value of Asset	of Income		
S.P.	ABCDEFGHIJKL			P
DC,	000 000,000		0	n ̈ω
7	00 0,000 0,000 0,000 00,0 0,000 5,00	COM	000,0	· ·
9	15,00 \$50,0 \$100, \$250 \$500 \$1,0 - \$5 - \$2 1 - \$	AINS D/BLI	500 5,000 50,000 100,00 \$1,000	
	-\$1,00 -\$1,00 -\$01 -\$ -\$001 -\$ -\$0,001 -\$ -\$0,001 -\$ -\$000,00 -\$	EREST PITAL ( CEPTE er Type	e \$200 1 - \$1,0 101 - \$2 501 - \$5 501 - \$5 501 - \$1 5001 - \$1 5001 - \$1 50,001 - \$1 50,001 - \$1 50,001 - \$1	
	\$1,0 \$15 \$50 \$10 \$25 \$50 \$1,0 \$25 Ove	CAL	\$20 \$1,6 \$2,5 \$5,6 \$15 \$50 \$1,0	
COMMERCE BANK	*	×	×	
CONOCO MILLIO	*		. 7	
CRENERAL Electric	*		×	
Prizer	×		×	
M.L. BANK dayosit Ting	*	>	38,	
-				
UNION IMP NJ. MUNICALE	X	***	*	
Walia Employment 7140				
CADITAL IN	*	*	*	
7	*	X	*	
VALC (AMC	× .	*	*	
4. VANGARD WINDSOL	*	*	*	
6 VANGUARD WERLINGTON	34	×	×	
=	×	×	X	
1 (7 Abre YD) (AM CENTURY	<b>S</b>	*	X	
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## 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. 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 or were paid by you and reimbursed by the sponsor.

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
Evamples: Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
Hmerican Isruel Education blanch and 11-19	1 1 Puf 1 No	Hewark-Tel Aviv-Newark	4	4	4	None
				- -		

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