

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

**HAND
 DELIVERED**

Name: Ann Quong Cao Daytime Telephone: (202) 225-6636

20101117-6 PM 8:50
 (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>LA</u> District: <u>2nd</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page ____ of ____

BLOCK E
Transaction

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.

asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

I
II
III
IV
V
VI
VII
VIII
IX
X
X

If only a portion of an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

000
2,500
5,000
15,000
\$50,000
\$100,000
- \$1,000,000
1 - \$5,000,000
00,000

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
\$1,000,000 and over

[illegible][illegible][illegible][illegible][illegible][illegible]

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name _____

Page _____ of _____

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		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	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								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		
ST	Capital One, CD		X															X															
ST	CDC Corp, Stock		X																														
ST	China Precision, STL		X																														
ST	Citi Group Inc		X																														
ST	Ford Motor Co		X																														
ST	McKesson Corp		X																														
ST	New York Com Bank		X																														
ST	Teva Pharmaceutical		X																														
ST	Calamos Investment		X																														
	3728 Claiborne Ave																																
	Duplex - New Orleans				X																												

P S E

Name _____	Page ____ of ____
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SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	CFS Senteed Servicing	Student loan		X									
	Visa Credit Card	Pending Charge	X										
	SP Wachovia Student Loan	Student loan			X								

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

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 \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Use additional sheets if more space is required.