	Yes No 🗸		income, transactions, or liabilities of a spouse or dependent child	ets, "unearned"	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?	Exe
	Yes No V		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?	ed by the Comm d from this repor	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Officusts trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?	nJ
	S	STION	NATION ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	EXCL
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	If ye
	e appropriate	d and the	Each question in this part must be answered and the appropriate	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (mor
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	If ye
	Yes No 🗸	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	your spouse, or dependent child purchase, sell, or exchange any old asset in a transaction exceeding \$1,000 during the reporting	IV. repo
	Yes No 🗸	filing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?  If yes, complete and attach Schedule VIII.	Yes 🗸 No 🗌	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. mon mor If ye
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If ye
	Yes No V	ble travel or than \$305	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No V	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?	II. you
			If yes, complete and attach Schedule VI.	:       	If yes, complete and attach Schedule I.	If ye
	Yes 🗆 No 🗸	ble gift in xtherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. Orm
			QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PREL
	more than 30 days late.	more th	Termination Date:	☐ Termination	Report  Annual (May 15)  Amendment	Report Type
ATNES	A \$200 penaity shafter ATNES be assessed against anyone who files	A \$200 be assu	Officer Or Employing Office: Employee		iler Member of the U.S. State: CO House of Representatives District. 6	Filer Status
I We	(Office Use Only)	(Offic	(Daytime Telephone)		(Full Name)	
: 28 . 14	122 PH L	2005	202 225 7882		Thomas Gerard Tancredo	
CFRIEN	WAINAO IN MINOSIN JARY IS USE	7 7 2				
		to and	FORM A  For use by Members, officers, and employees	ATIVES EAR 2007	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FINAN
) T J		- :				

## **SCHEDULE I - EARNED INCOME**

Name Thomas Gerard Tancredo

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.		
Source	Туре	Amount
Public Employees Retirement Association	Teaching Pension	\$35,000

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	Thomas Gerard Tancredo		Page 3 of 4
	BLOCKA	вгоск в	BLOCK C	вгоск в	BLOCK E
Identify (a) es a fair market and (b) any o than \$200 in land, provide mutual funds retirement pl in which you investments) in the accourplans that an and its value that is not putits activities, information, information, information, information of the covernment of subsavings accours government of your so cho that of your so that you so that of your so that of your so that of your so that of your so that you	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 assets 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), 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.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$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.	Year-End 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 and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Agile Safety Fund	\$250,001 - \$500,000	EXCEPTED TRUST	\$15,001 - \$50,000	
SP	Agile Safety Fund	\$250,001 - \$500,000	EXCEPTED TRUST	\$15,001 - \$50,000	
	Charles Schwab	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$201 - \$1,000	
	Cumberland House Publishers	indefinate	Royalties	\$5,001 - \$15,000	
JT	Nationwide Market Flex	\$15,001 - \$50,000	EXCEPTED TRUST	\$1 - \$200	

Name Thomas Gerard Tancredo

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 7T DC, SP, H United Mileage Plus Visa Creditor Revolving Type of Liability \$10,001 - \$15,000 **Amount of Liability**