Š X	of the second se	child because	sactions, or liabilities of a spouse or dependent child because	income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No No	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards ig you, your sp	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?
S	UESTION	FTHESE Q	MATION ANSWER EACH OF THESE QUESTIONS	INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No X	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	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.
₹ <u>×</u>	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.	N N	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.
₹ []	× 29° ×	d receive any in the reporting a)?	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.
<i>§</i> ⊠	Yes	receive any pregating 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.	№	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 more than	ity shall be re who files t	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: le Termination Date: D:3 09	Officer or Employee	Status Nieruiser or the U.S. State: M.C. House of Representatives District: 131 Report Annual (May 15) Amendment
77	P/ 12: 1,5	(Office,Use Only)	410 348 2018 (Daytime Telephone)	rt.	Mayine Thomas Gildhres
VERED	HAND DELIVERED	¥	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 1887 Calendar Year Reporting Period

Asset and/or Income Source

BLOCK A

of its activities, and its geographic location in iand, provide a complete address. Provide full instruction booklet. Block A. For additional information, see the traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting each asset in provide the not exercised, to select the specific investments) (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value not self-directed, name the institution holding the reporting threshold. For retirement plans that are income during the year. For rental proporty or which generated more than \$200 in "unearned" Identify (a) each asset held for investment or provalue and income information the account that exceeds the ×

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If only a

Government retirement programs. your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless less in personal savings accounts; any financial interest in or income derived from U.S. parent, or sibling, any deposits totalling \$5,000 or

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 If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$256,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold,

(S) (partial)

Other Type of Income

SP,

SP

DC. Examples.

Simon & Schuster Mega Corp. Stock

Indefinite

Royalties

×

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(partial)

1st Bank of Paducah, KY Accounts

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34 shs

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70 shs

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Value of Asset BLOCK B

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close <u>♀</u>

If an asset was sold during the reporting generated income, the value should be year and is included only because it None."

not allow you to choose specific investments, you may write "NA." For Check all columns that apply. For retirement plans or accounts that do ate any income during calendar year Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reinindicate the type of income by checkall other assets including all IRAs, the appropriate box below.

Type of Income BLOCK C

ments, you For retiren Check "None" if no income was received. vested, should be listed as income. Dividends and interest, even if relnchecking indicate

\$1000 in exceeding exchanges (E) eporting year.

	the appropriate box below I
sales (S), or	the category of income by
purchases (n)	ner assets, including all ITAs,
1	ou may write "NA" for income.
asset had	you to choose specific invest-
Indicate if the	ment plans or accounts that do
Iransacuor	Amount of Income
BLOCK E	BLOCK D

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onal assets
and unearned
income, u
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Continuation Sheet (if needed) SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Name Wayne Thomas Gilchnest Prage 3 of 4

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\$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	\$1 - \$200 = \$201 - \$1,000 = \$ \$1,001 - \$2,500	(Specify)	EXCEPTED/BLIND TRUST Other Type of Income	INTEREST CAPITAL GAINS	DIVIDENDS RENT	NONE	Over \$50,000,000	\$25,000,001 - \$50,000,000 \textsquare	\$1,000,001 - \$5,000,000 - \$5,000,001 - \$25,000,000 -	\$500,001 - \$1,000,000	\$250,001 – \$500,000 ଦ	\$100,001 - \$250,000	\$50,001 – \$100,000 m	\$15,001 - \$50,000	\$1,001 - \$15,000	None > \$1 - \$1,000	None >								SP, DC, JT
me Transaction	Amount of Income	 	Type f Income	Type of Inco					*	Year-End Value of Asset	Year-End	ear ear	alu ⊀ _	<				urce	So	ome	or Inco	id/or	Asset and/or Income Source	Ass	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

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

Examples: Enstitute, Oslo (PRIO Ne Lanian 1 International Peace Research Roycroft Corporation Chicago Chamber of Commerce Institute of Snawmon June 16-18 Newark-Amsterdam-Osla Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination—
City of Return DC—Los Angeles—Cleveland DC—Chicago—DC (Y/N z Food? z Member included? Was a Family 2 (XX) z ≺ Number of days <u>not</u> at sponsor's expense 2 Days None

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