§ 	Yes	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?
N S	Yes	trusts" need not	of Official Conduct and certain other "excepted souse, or dependent child?	on standards	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	EACH OF THESE QUESTIONS	— ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" response	must be ans ed for each	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.
S S	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Z Z	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	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.		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.
₹ <u> </u>	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.	I I	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.
No No	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)? **M yes, complete and attach Schedule VI.	S _S	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 anyon 30 days late.	r Employing Office: e Permination Date: Commination Date: C	Officer or Employee	Status Member of the U.S. State: 1.5 House of Representatives District: 2.5 Annual (May 15) Amendment
FM	(Office Use Only)	(0)	SÜY-B951339 (Daytime Telephone)	SOL	Milliam J. Jeffouson
	FEB 0 2 2009"	FEB (Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For Calendar Year Reporting Period

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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.

							Southern University			Keene State		Source	
							spoure salary	Spouse Salary	Spouse Speech	Legislative Pension	Approved Topophina Cop	Туре	
							NA	NA	\$1,000	\$9.000	2000	Amount	

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	Name William J
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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Conductive State of the state o			:
Source	Activity	Date	Amount
Association of American Associations, Washington DC	ŀΙ	Feb. 2, 2007	\$2,000
	Article_	Aug. 13, 2007	\$500
N/A			

SCHEDULE IV— TRANSACTIONS

Name William J. Jeffason

												N/A	Example: Mega Coporation C	SP, DC, JT Asset	residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	ASE	stocks, bonds, commodities futures, or other securities when the armount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property. Type of Transaction
-													10-12-07		Monthly or Bi-weekly, if applicable \$1,001-	<u>₹</u>	(MO/DAY/YA) B	Date
						 							×	\rightarrow	\$15,000 \$15,001- \$50,000		<u>ა</u> ი	
								<u> </u>			 _				\$50,000 \$50,001- \$100,000		٥,	Απ
										i					\$100,00° - \$250,000		П	Amount of Transaction
															\$250,00° - \$500,000		TI (t of 7
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_	-			ļ		<u>_</u>									\$1,000,00° \$5,000,00°)	I	actio
-	 -		_	<u> </u>											\$5,000,00 \$25,000,00 \$25,000 ,00	00		jš
 -	-							<u> </u>	<u> </u>			L			\$50,000,0 Over	00	<u>د</u> 	
L_		<u>.</u>	<u> </u>		<u></u>				 <u>L</u>	_					\$50,000,0	00		<u> </u>

SCHEDULE V— LIABILITIES

Name William J Jefferson

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

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MBNA Delawore	Robert L. Johnson, Washington, D.C.	Noah Samara Washington OC	Liberty Bank, New Orleans, La	Dryades Baul K, New Orleans, La.	Example: First Bank of Wilmington, Delaware	Creditor		
Revolving Charge	Instal ments	Demand	Demand Installments	Demand	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
						\$1,001- \$15,000	82	
\times		3	×	×		\$15,001- \$50,000	C	
	ļ 	×				\$50,001- \$100,000	O	
	×				×	\$100,001- \$250,000	ш	Amo
						\$250,001- \$500,000	TI.	unt of
]		ļ				\$500,001- \$1,000,000	ດ	Amount of Liability
		<u> </u>		-	_	\$1,000,001- \$5,000,000	I	₹
			<u> </u>		_	\$5,000,001 \$25,000,000 \$25,000,001		
		-		-		\$25,000,001 \$50,000,000 Over		
					L_	\$50,000,000		

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	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
Legal Ofense Trust Aud	Contributions	5,700
		•

	Name
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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and roimburood by the opensor. 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

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

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N Seding?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
_	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
N/A	N/A	A/W	\mathcal{N}	>	>	NA
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SCHEDULE VIII—POSITIONS

Name William J. Jefferson

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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.

		1	N/A	Position
		1	MN	
				Name of Organization

SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

•		
Date	Parties To	Terms of Agreement
1990 Year	1990 Year Jethergon, British Jupiter LLC	Form 1999 ve previous four from them
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