§ ⊠	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trans rst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o
No.	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, 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	NESTIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" respo	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N N	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.	No	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.
₹	Š.	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.	No U	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	d receive any in the 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 \$335 from one source)? If yes, complete and attach Schedule VII.	No No	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	receive any regating more	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.	№	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.
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
Joie man	against anyone who mes more man 30 days late.	30 days late.	Termination Date:		Annual (May 15)
ssessed	A \$200 penalty shall be assessed	A \$200 pena	Employing Office:	Officer or Employee	Filer Member of the U.S. State: NC Status Member of Representatives District: NC
MC	(Office Use Only)) c 2 2 3 (Of	9 9		
=	AH II: 37	2009 MAY 13 AM II: 37	Daytime Telephone: 202-225-3415	Daytime T	Name: WALTER BEAMAN JONES
	SOUTH TO	COSTORED SALVE (SIST)			
RED	HANDC "TERED	HAH	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT
		-			

ì

14	9	9	4	प्र	पु	١	8	SP.	4 6 9 7	9 9	2 (S) D (S) D (S)	오 🌣 🗗 🗖	_	
INVESTERS TITLE STOCK	MEADED HEACTH SOLUTIONS	BIO-MEY STOCK	SOLARBROOM COLP STOCK	NUCAR CORP STOCK	BBIT CARP STOCK		Examples:	SP Mega Corp. Stock	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 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.	provide the value and income information on each asset in the account that exceeds the reporting threshold for retirement plans that are	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).	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	Asset and/or Income Source	BLOCK A
	×	×	>	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$500,001 - \$50,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000		please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,	Value of Asset	ВLОСК В
×	×	×	×	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income	me)	indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For	Type of Income	BLOCK C
X	>		×	×	×	×	×	×	None =	III W V VIII W V V V V V V V V V V V V V	checking 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.	ment plans or acco you to choose spoon may write "NA" ther assets, includi	Amount of Income	BLOCK D
								S (partial)	portion of an asset is sold, please indicate as follows: (\$) (partial) See below for example. P, S, E	If only a	sales (S), or exchanges (E) exceeding \$1000 in reporting year.	asset had purchases (P),	Transaction	BLOCK E

Contiguation Sheet (if needed)	ONEADINED INCOME	Name WALTER	BEAMW JONES	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
SP,	None	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	None − \$1 - \$200 = \$201 - \$1,000	סרַ עַ חו
ST AMERICAN BALANED FUND	×		×	
- 7° CMD	×		×	
	X		X	
ST ENBOTACIFIC GROWN FUND	X		X	
5T FUNDAMENTAL HUNGIALS FUND	×		×	
ST GROWN FUND of AMERICA	×		×	
Flues of	X		X	
iten meter	X		X	
NOTE: ALL FUNDS LISTED				
32				
THE "AMERICAN FUNES"				
Francis of morrial				
FUNDS.				

SCHEDULE VIII—POSITIONS

Name WALTER BEAMN JONES

Page 5 of 5

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,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

$\overline{}$		·	1	
	BOARD			
	چ			
Position	BOARD of DIRECTORS			
	75			
	FAST CAROLINA VOCATIONAL CENTER			
	VOCATION			
Nan	AC			
Name of Organization	CENTER			
:				

SCHEDULE IX—AGREEMENTS

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

 			
Date			
Pai		i	
Parties To			
Terms of Agreement			
ment			
;	1		