Yes No X	child because	sactions, or liabilities of a spouse or dependent child because	⅓" income, trans	sets, "unearnec	is report any other as:	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?	EXEMPTION- they meet all t
Yes No No	I trusts" need not	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	the Committee a trust benefiti	d Trusts" approved by report details of such	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—De
UESTIONS)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
wered and the Yes" response.	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S	Yes	Id have any reportable rting period?	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.	V. Did you, you liability (more to the yes, complete the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to the yes, you want to have a second to have a
Yes No X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No D	Yes	hild purchase, sell, saction exceeding	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.	IV. Did you, yo or exchange a \$1,000 during If yes, comple
Yes No	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.		, Yes	ild receive "unearned" beriod or hold any the end of the period?	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.	III. Did you, yo income of mor reportable ass
Yes No	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.	₹ <u>X</u>	Yes	a donation to charity i e, or article in the	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.	II. Did any individ lieu of paying you reporting period? If yes, complete
Yes No X	d 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.	S U	Yes	come (e.g., salaries or the reporting period?	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.	I. Did you or y fees) of \$200 If yes, complo
		E ODESTIONS	OF THESE	EACH)N — ANSWER	PRELIMINARY INFORMATION	PRELIMIN
agamsı anyone wno mes more man 30 days late.	30 days late.	Termination Date:		Amendment		Annual (May 15)	Report Type
\$200 penalty shall be assessed	A \$200 penal	or Employing Office:	Officer or Employee		State:	Member of the U.S. House of Representatives	Filer Status
PERIOD COTTLE CLERK HUUSE (LONGER RESERVAN) IVES	OFFICE OF	(Daytime Telephone)			(Full Name)		a
2009 MAR 18 PM 12: 10	2009 MAR 11	970-867-3353			Solave	Marilyin N. Musqiave	Mari
TEGIS! ATIVE RESOURCE CENTE!	TEGIS! ATIVE N						2008
MAR 0 5 2009	MAR	Form A For use by Members, officers, and employees		TIVES	REPRESENTA STATEMENT ng Period	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2008 Calendar Year Reporting Period	2008 FINA For 2007 C

Name MARILYN N. MUSGRAUE Page 2 of 7

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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Con- Ce A Fuorman) A

JT FARM - 15484 Rd 18 2, FORT MORGANI, (0 8070)		UT STATE BANK of FT. HERGAN	MORGAN STATE BANK	IRA-NOTSELFURECTED (NSF)	CHURCH KE	>		SP, Mega Corp. Stock	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	BLOCK A 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 asset 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 retrement 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).
*	*	*	7	×	×	×	Indefinite	X	\$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	ABCOEFGHIJKL	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
CROPSALES	*	*	×	×	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Inco	ome)	Type of income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, 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.
X					*		×	×	\$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	X X X 1111V 1V V 121 131 141	Amount of 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, 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 received.
								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARILYN N. MUSGRAVE

Page 4 of 7

															k	7	SP	SP, DC, JT	
																7	PRECIOUS METALS /COINS		BLOCK A Asset and/or Income Source
																		None >	·
									 				<u> </u>					\$1 \$1,000 ^{TP}	
									 						_			\$1,001 ~ \$15,000	
	<u> </u>																×	\$15,001 ~ \$50,000	٧a
									 اا			ļ			;	×		\$50,001 ~ \$100,000 m	BLOCK B Year-End Value of Asset
		ļ	<u> </u>		^						<u> </u>		<u> </u>		_			\$100,001 - \$250,000 TI	
	ļ	ļ 	<u> </u>				 		 						 			\$250,001 – \$500,000	BLOCK B Year-End ue of Ass
					<u> </u>	-			 				ļ					\$500,001 - \$1,000,000 I	288 D
		ļ					,		 				-		_			\$1,000,001 - \$5,000,000	¥
									 									\$5,000,001 - \$25,000,000 -	
	<u> </u>	<u> </u>			}			 		 	<u> </u>		<u> </u>	-	}			\$25,000,001 - \$50,000,000	
					/s 2.3	2.1				,								Over \$50,000,000	
	<u> </u>		}							 	<u> </u>		<u></u>			×		NONE	
	L		Ĺ				· .				<u> </u>	L	<u>_</u>		_			DIVIDENDS	
								-		 								RENT	
				l														INTEREST	<u>م</u> 0
									 	 					_		X	CAPITAL GAINS	BLOCK C Type of Income
	<u> </u>														_			EXCEPTED/BLIND TRUST	SP A
! !																		Other Type of Income (Specify)	ne
																×		None -	
			1															\$1 - \$200 =	_
																		\$201 ~ \$1,000 <u>\equiv \text{\tinit}\\\ \text{\ti}\\\ \text{\tex{\tex</u>	Αm
															\Box			\$1,001 - \$2,500 2	101
																		\$2,501 \$5,000 <	mt BE(
																	×	\$5,001 - \$15,000 ≤	BLOCK D
						}												\$15,001 - \$50,000 \(\leq\) \(\	2 0
										<u> </u>			_	L.				\$50,001 - \$100,000	BLOCK D Amount of Income
	L	-							 			<u> </u>		1_				\$100,001 - \$1,000,000	ne
		<u> </u>							 		_	_	<u> </u>					\$1,000,001 - \$5,000,000	
	Ļ		<u> </u>				ļ		 <u> </u>		_		_	1_				Over \$5,000,000 ≚	
																Ø	S	m ŵ.zo	BLOCK E

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name MARILYN N. MASGRAVE

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property stocks bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions transaction because a brief description of any exchange transaction. Don't report at a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal sold, please so indicate (i.e., "partial sale"). See example below. SP. DC. JT Asset Asset
Amount of Transaction Monthly, or Quarterly, Monthly, or Bi-weekly, if S50,000 G G S50,000 G G G G G G G G G
Amount of Transaction Mo/DAYYR
Amount of Transaction (MO/DAY/YR)
** \$15,001- ** \$15,001- ** \$50,000
* \$15,001- \$50,000
\$50,000
\$100,001- \$250,000 \$500,001- \$1,000,000 \$5,000,001- \$25,000,000
\$25,000,000 \$100,000 Over
\$25,000,000
\$25,000,000

SCHEDULE V— LIABILITIES

Name MARILYN N. MUSGRAVE

Page 6 of

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 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

50	-	77	5P	JT			J Ç	3,5)	
CAPITAL ONE	DISCOVER CARD	DIVERSIFIED FINANCIAL SERVICES	BANK & AMERICA	BANK of COLORA DO	FORT MORGON STATE BANK	Example: First Bank of Wilmington, Delaware	Creditor			
BUSINESS OPERATINGIONN		MORTGAGE-PIVOT SPRINKLER	BUSINESS OPERATING LOAN	MORTGAGE - FARM	MORTGAGE - CALETON MOPERTY	Mortgage on 123 Main St., Dover, Del.	Type of Flability	Tune of the hilling		
×	×	<u> </u>					\$1,001- \$15,000		8	
			×	<u> </u>	×	<u>,</u>	\$15,001 \$50,000		C	Į.
					ļ		\$50,001 \$100,00 \$100,00		0	,
		× 		×		×	\$250,000 \$250,00) 1-	TE TE	mour
					-		\$500,00 \$500,00	0 1-	G	Amount of Liability
H	H	<u>-</u>		-			\$1,000,0 \$1,000,0	01-	I	ability
		<u></u>					\$5,000,0 \$5,000,0 \$25,000,	01-		
							\$25,000, \$25,000,	,001	Ç	
							Over \$50,000,	,000	ス	

SCHEDULE VI— GIFTS

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.

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.

 	 	 _		
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	Note: The gift rule (House Rule 25, clause 5) prohibit
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.
		\$325	Value	

ı	
	Name
ı	-
	MRILYN
ı	_
ł	=
ı	•
1	
1	
1	
Į	156
ı	Σ,
ı	(N)
1	
1	~
1	45
1	

Page Z of Z

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

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 or were paid by you and reimbursed by the sponsor.

	-					
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	۲	Υ	Y	2 Days
HERITAGE FORWDATION	JAN 31-Feg 2	DANSI-FEB 2 DC-BALTIMORE - DC	4	~	~	NONE
				_		
				_		

This page may be copied if more space is required.