	ild because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trans rst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
No M	usts" need not Yes	s of Official Conduct and certain other "excepted trupouse, 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?
SNC	THESE QUESTIC	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	ust be answered a i for each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response		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.
] No [X]	rangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No 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.
No X	before the date Yes	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 ₀	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.
] No X	eceive any he reporting Yes	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.	× X	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 ⊠	sceive any gating more Yes	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.	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
		OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH
be Appessed es more than	A \$200 penalty shall be Assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: 72×A.5 House of Representatives District: 2-3 Report Annual (May 15) Amendment
m MC	(Office Use Only)			
<u></u> ′	2009 MAY 13 AT 10: 15	202 - 225 45 // Davtime Telephone:	Davtime 7	Name: CIRO D. Rodriguez
VERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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Page **3**_of_

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.

Figure 6. Military pay felich as National Gliard or Reserve pay) federal retirement programs and hanefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Secu	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
SAN ANTONIO IS.D. SAN ANTONIO TEXAS	SPOUSE SALARY	1/2
TEXAS EMPLOYEE RETIREMENT TOND (STATE)	DEN SION	217 700,0

Name



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.

	•		
Source	Activity	Date	Amount
-	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
			•
		<u>-</u>	

Asset and/or Income Source

BLOCK A

od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" instruction booklet. 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 reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on 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 land, provide a complete address. Provide full income during the year. For rental property or exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or pronot self-directed, name the institution holding the its activities, and its geographic location For additional information, see

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Government retirement programs. interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or 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

or income source is that of your spouse (SP) optional column on the far left dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or

Nоле

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

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

EXCEPTED/BLIND TRUST

Over \$50,000,000

NONE

RENT

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DIVIDENDS

INTEREST

CAPITAL GAINS

8 SP

Examples.

SP

Mega Corp. Stock Simon & Schuster

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 of

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

Type of Inco BLOCK C

vested, should be liste Check "None" if asset of Ē ate any income during c Dividends and interest indicate the type of inco all other assets includ investments, you may v not allow you to che retirement plans or acc Check all columns th the appropriate

				Royalties		Other Type of Income (Specify: For Example, Partnership Inc	ome or Farm Incom	ne)	come nat apply. For counts that do loose specific write "NA." For ding all IHAs, ome by checkbox below. t, even if rein. t, even if rein. did not genercalendar year.
×						None	_		약 도 등 유 등 등 등 등 등 등
						\$1 - \$200	••••	:	For retirer not allow ments, you findicate checking Dividends, s Check "Number or general possible or gene
						\$201 – \$1,000	=		Amire For retirement allow you ments, you refer all other indicate the checking the Dividends a Dividends a Dividends a Ovested, shood Check "None or generated.
					×	\$1,001 - \$2,500	₹	:	ס בירט ייביי
						\$2,501 - \$5,000	<	:]	unt of I plans or a to choose ay write " ssets, Inc category d interes if no ince
		ト	×			\$5,001 - \$15,000			BLOCK D Int of Inc plans or acc o choose sp oy write "NA sets, includ sets, includ appropriate d be listed if no income
	×					\$15,001 - \$50,000	≦	<u> </u>	of Inco of Inco of Inco or acco oose spe ite "NA" includii gory of gory of gory of ilsted; income
						\$50,001 - \$100,000		2	of Income s or accounts noose specific rite "NA" for incuding a gory of ince repriate box terest, even listed as income was
				×		\$100,001 - \$1,000,000	×	₹	ome ounts t ecific i for in incon box v wen it was in was s
						\$1,000,001 - \$5,000,000	×	<	ome ounts that do ecific invest- for income. ing all IRAs, income by box below. even if rein- as income, was earned
						Over \$5,000,000	×	<u> </u>	ed ed
					S (partial)	(S) (parnal) See below for example. P, S, E	portion of an asset is sold, please indicate as follows:	If only a	BLOCK E Transactior Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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1st Bank of Paducah, KY Accounts

Indefinite

SCHEDULE IV— TRANSACTIONS

Name

Page.

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SP, DC, JT stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions sold, please so indicate (i.e., "partial sale"). See example below or your dependent child, or the purchase or sale of your personal transaction. Do not report a transaction between you, your spouse, that resulted in a loss. Provide a brief description of any exchange Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, residence, unless it is rented out. If only a portion of an asset is Example: Mega Coporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type × SALE **EXCHANGE** Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) applicable 10-12-08 Date \$1,001- $\boldsymbol{\varpi}$ \$15,000 \$15,001-O \$50,000 \$50,001-**Amount of Transaction** ø \$100,000 \$100,001m \$250,000 \$250,001 \$500,000 Ħ \$500,001g \$1,000,000 \$1,000,001-I \$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001 حـ \$50,000,000 Over ㅈ \$50,000,000

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SCHEDULE V— LIABILITIES

Name Rodrigaez

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

			DC, JT	3	
Nns	REGION	Example:			
SUN TRUST MORTGRGE	N MORTGAGE	Example: First Bank of Wilmington, Delaware	Creditor		
MASH D.C.	South Sky Autonio, The	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
111111111111111111111111111111111111111			\$10,001- \$15,000	D	
			\$15,001- \$50,000	0	
			\$50,001- \$100,000	ם	
	×	×	\$100,001- \$250,000	т	Amo
×			\$250,001- \$500,000	ጣ	unt of
			\$500,001- \$1,000,000	ត	Amount of Liability
			\$1,000,001- \$5,000,000	I	lity
			\$5,000,001- \$25,000,000		
***			\$25,000,001 \$50,000,000	ّد ِ	
			Over \$50,000,000	ᄌ	Ш

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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)

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