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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 nnn See examples helpw

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefi	benefits received under the Social Security Act.	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ontario County Board of Education	Spouse Salary	NA
AMERICAN JEWISH Committee	SpouseSalary	NA
Casi Investment Holding	Spouse Salary	NA
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For payments to charity in lieu of honoraria, use Schedule II.

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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.

Conduct. A green envelope for transmitting the list is included in each Member's filing package.	tiling package.		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
None			
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Transamericative Insurance Infermentation policy purchase Trune 22,1987 reported for the first time based on New instruction for the pursuant to committee advise.	SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts Che Vy Chesc Bank	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; 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 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	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 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).
×	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$500,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Qver \$50,000,000	A B C D E F G H - J K L	Walue 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."
	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income	or Farm Income)	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 IFAs, 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.
	×	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 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	X X	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 earned or generated.
	S (partial)	as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please indicate	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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Robert Wexler

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S.	Continuation Sheet (if needed) BLOCK A Asset and/or Income Source	}	BLOC Year-I	_		BLOCK B Year-End Asset	BLOCK B	g nd ^Β	<u> </u>	}	1			j		3	g	of in	BLOCK (Type	- 11.		in the							Amo		
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		None	\$1 - \$1,000	\$1,001 - \$15,	\$15,001 - \$50	\$50,001 - \$1 \$100,001 - \$1	\$250,001 - \$	\$500,001 - \$	\$1,000,001 -	\$5,000,001	\$25,000,001	Over \$50,000	NONE	DIVIDENDS	RENT	INTEREST		CAPITAL GAI	EXCEPTED/E		EXCEPTED/E	Other Type of (Spec	Other Type of (Spec	Other Type of (Spec	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000 \$2,501 - \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,000	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000 \$2,501 - \$5,00 \$5,001 - \$15,00 \$15,001 - \$50,00 \$15,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 - \$50,000 -	Other Type of (Spec None \$1 - \$200 \$201 - \$1,000 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$15,001 - \$10,	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,001 \$15,001 - \$50,001 \$100,001 - \$1,000
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SCHEDULE IV -- TRANSACTIONS

Name Robert Wexler

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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	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal 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.	SP, DC, JT Asset	Example: Mega Coporation C	None															
of T		PURCHASE																		
Type ansa		SALE		×																
Type of Transaction	:	EXCHANGE					 													<u> </u>
Date	(MO/DAY/YR)	Quarterly, Quarterly, Monthly, or Bi-weekly, if applicable		10-12-08																
	œ	\$1,001- \$15,000																		
	ဂ	\$15.001- \$50,000		×																
Am	O	\$50,001- \$100,000																		
Amount	m	\$100,001- \$250,000																		
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SCHEDULE V- LIABILITIES

Name Robert Wexler

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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.

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Citibank	Barclays	Capital ONE	Rhode Island Student Loan Ass.	Example: First Bank of Wilmington, Delaware	Creditor			
Revolving Charge Account	Revolving Charge Account	Revolving Charac Account	College Student Loan	Mortgage on 123 Main St., Dover, Del.	Type of Liability			
-		X			\$10,001- \$15,000	8		
×	×				\$15,001- \$50,000	0		
			X		\$50,001- \$100,000	ס		
				×	\$100,001- \$250,000	П	Amoi	
					\$250,001- \$500,000	7	Amount of Liability	
		-		_	\$500,001- \$1,000,000	ရ	Liabil	l
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					\$5,000,001- \$25,000,000 \$25,000,001 \$50,000,000			

SCHEDULE VI -- GIFTS

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.

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.

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)	\$345
None		

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 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 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

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

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	Y	2 Days
None						
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Name Robert Wexler

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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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
(SP) Bourd Member	Sunflower Bakery (uncompensated) (charitable and educational 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
	None	