PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any Name: they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct reportable asset worth more than \$1,000 at the end of the 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. **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** If yes, complete and attach Schedule IV. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the UNITED STATES HOUSE OF REPRESENTATIVES If yes, complete and attach Schedule V. f yes, complete and attach Schedule II. reporting period? Status Report Filer lames Annual (May 15) House of Representatives Member of the U.S. District: State: V, 1911 ANSWER EACH Amendmen Yes és X Yes X Yes Yes OF THESE QUESTIONS Daytime Telephone: 202-225-6365 § ⊠ 8 S <u>₹</u> <u>Z</u> Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VIII. if yes, complete and attach Schedule VII. period (worth more than \$335 from one source)? 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. VIII. Did you hold any reportable positions on or before the date For use by Members, officers, and employees appropriate schedule attached for each "Yes" response Employing Office: Each question in this part must be answered and the Termination Form Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. 2000 AUG 10 PK 1:38 HAND DELIVERED (Office Use Only) A DESTRUCTOR OF THE Yes Yes Yes Yes Yes Yes š X <u>₹</u> **₹** 8 **Z** 8

| | Name |
|---|----------|
| | ame s |
| | 200 |
| 1 | 77 |
| | o bes |
| | 5/. |
| į | Page 2_o |

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. | ts received under the Social Seci | purity Act. |
|--|--|--------------------|
| Source | Туре | Amount |
| Keene State State of Maryland | 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 |
| Kausman & Canolos, R.C. | Spouse Salary | NA |
| , MC | Spayse Salary | NA |
| | spouse director too | tra |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | Name James |
|-------|------------|
| 7 | Randy |
| - / - | Forbos Sr. |
| | Page 2 of |

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.

| | | | | | | | Nano | EXampres: XYZ Magazine | Association of American Associations, Washington DC | Source | |
|--|--|--|--|--|--|--|------|------------------------|---|----------|--|
| | | | | | | | | Article | Speech | Activity | |
| | | | | | | | | Aug. 13, 2008 | Feb. 2, 2008 | Date | |
| | | | | | | | | \$500 | \$2,000 | Amount | |

Identify (a) each asset held for investment or pro-Asset and/or Income Source

instruction booklet. of its activities, and its geographic location account and its value at the end of the reporting reporting threshold. For retirement plans that are not exercised, to select the specific investments) which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income duction of income with a fair market value Block A. For additional information, see period. For an active business that is not publicly not self-directed, name the institution holding the each asset in the account that exceeds the provide the value and income information on plans (such as 401(k) plans) that are self directed 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 peritraded, state the name of the business, the nature (i.e., plans in which you have the power, even if ticker symbols). For **all IRAs** and other retirement ➣ Φ

O

Ö

П

т

g

I

ب

ᆽ

Government retirement programs. less in personal savings accounts; any financial interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless your spouse, or by you or your spouse's child

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. If you so choose, you may indicate that an asset None

\$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

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

×

Ŗ Ş

Examples:

Mega Corp. Stock Simon & Schuster

PATINA

nos. Va

Lahustown Ra

1st Bank of Paducah, KY Accounts

Indefinite

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

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

Check all co

ate any incomall other asse investments, y Check "None" vested, shoul Dividends an ing the app indicate the ty not allow yo retirement pla

Type BLOCK C

BLOCK D

BLOCK E

| | | ~ | | | × | CAPITAL GAINS | | ne controller |
|---|---------------|----------------|--------|-----------|--------------|---|--|--|
| | | - | -+ | - | $\widehat{}$ | A-217 | | e of Inc blumns the strains or account to che you may sets inclused in the propriate inclusion of the propriate inclusion of the strain of the list in the strain of the s |
| | | | | | \sqcup | EXCEPTED/BLIND TRUST | | Inc sth |
| | | | | Royalties | | Other Type of Income (Specify: For Example, Partnership Income or Fare | m Income) | e of Income lumns that apply. For ans or accounts that do bu to choose specific you may write "NA." For est including all IRAs, upe of income by checkpropriate box belowed interest, even if reinlich be listed as income. If asset did not generate during calendar year. |
| | | | | | | None | _ | Fo Shing Res |
| | | | | | | \$1 – \$200 | = | 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 IHAs, 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. |
| | | | | | | \$201 - \$1,000 | Ξ | Au irem you y you othe e ti inds 'No 'No erate |
| | | | | | × | \$1,001 - \$2,500 | 7 | Amount of Income ament plans or accounts v you to choose specific you may write "NA" for ither assets, <i>including a</i> the category of incount the appropriate box of the appropriate box of sand interest, even should be listed as in None" if no income was ated. |
| | | | | | | \$2,501 - \$5,000 | < | mount of Income ent plans or accounts that do ou to choose specific invest- i may write "NA" for income, ir assets, including all IHAs, ir assets, become to category of income by the appropriate box below, and interest, even if rein- ould be listed as income, ne" if no income was earned id. |
| | \rightarrow | | | × | | \$5,001 - \$15,000 | ≤ | Is on the control of |
| | | | | | | \$15,001 - \$50,000 | ≦ | unt of Incuplants or according write "NA" seets, including category of appropriate dinterest, ed be listed if no income |
| , | | | | | | \$50,001 - \$100,000 | ≨ | come counts pecific to for income show show show even das in das in |
| | | | \leq | × | | \$100,001 - \$1,000,000 | × | unts that control |
| | | | | | | \$1,000,001 - \$5,000,000 | × | is that do ic invest-income. all IHAs, some by x below. if rein-income. s earned. |
| | | | | | | Over \$5,000,000 | × | do ast- me. A.s., by by ow. pin- ne. |
| | | | | | S (partial) | please indicate as follows: (S) (partial) See below for example. P, S, E | If only a portion of an asset is sold, | 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)

BLOCK A

DC,

ᠴ

SP,

Asset and/or Income Source Cardles Victoria year end o KK (Copsylfix 14000c > None 8 \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 ۵ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 **_** ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) 又 \times None \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 VII VIII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\bar{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 5 of 9 Transaction BLOCK E மு.லெற

This page may be copied if more space is required.

4

and war tome + red

Va)VE

X DIN 4 DO

1KCJ

HMOSICO 'e tileowil × £

out differentino

4merica

Klein

SHOWLINGTED

Vacaut

Value

XX See Schedule IV schedule let

te poste de

N

Carried

1 CON

SCHEDULE IV— TRANSACTIONS

Name Jumes Roudy Folkessy, Pag

| | | | | | | | (#16 381.54) | | ap total liquidation of interest | it comples Prost Shuring Plan | Received distribution from Kantingar | Example: Mega Coporation (| SP, DC, JT Asset | 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. | stocks, bonds, commodities futures, or other securities when the amount 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, | |
|----------|------|---|---|--|--|---|--------------|-----------|----------------------------------|-------------------------------|--------------------------------------|----------------------------|------------------|--|---|--|-------|
| | | | | | | | | | | | | | | PURCHASE | | of Tr | |
| | | | | | | | | | | | × | × | | SALE | | Type of Transaction | # () |
| | | | | | | | | | | | | | | EXCHANGE | | ction | |
| | | | | | | | | 08-27-205 | 1 | | 55 55 55 55 55 | 10-12-08 | | Quarterly, Quarterly, Monthly, or Bi-weekly, if applicable | (MO/DAY/YR) | Date | |
| | | | | | | | | | | | | | | \$1,001- \$15,000 | DD . | | 1 |
| <u></u> | | | | | | | | × | | | | × | | \$15,001- \$50,000 | ဂ | _ | |
| | | | | | | | | | | | | | | \$50,001- \$100,000 | 0 | Amo | |
| | | | | | | | | | | | | | | \$100,001- \$250,000 \$250,001 - | ш | Amount of Transaction | |
| | | | | | | | | | | | | | | \$500,000 \$500,001- | TI - | of Tra | |
| | | | | | | | | | | | | \vdash | | \$1,000,000 | <u>ត</u> | ansa | N |
| | | - | | | | - | | ļ | | - | | \vdash | | \$5,000,000 \$5,000,001- | T | ctior | |
| <u> </u> | | | _ | | | | | | | | | \vdash | | \$25,000,000 \$25,000,001- | | - | |
| | | | | | | | | | | <u> </u> | | \vdash | | \$50,000,000 Over \$50,000,000 | | - | |

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name James Rously Fortes S. Page Zot.

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.

| | | | | JT ,O C, | 2 | |
|---------|--|---------------------|---|--|-----|---------------------|
| | | Sec | Example: | | | |
| | | see attached sheet) | Example: First Bank of Wilmington, Delaware | Creditor | | |
| | | | Mortgage on 123 Main St., Dover, Del. | Type of Liability | | |
| | | | | \$10,001- \$15,000 | 8 | |
| | | | | \$15,001- \$50,000 | ဂ | |
| | | | | \$50,001- \$100,000 | 0 | |
| | | | × | \$100,001- \$250,000 \$250,001- | Ш | Amou |
| | | | | \$500,000 \$500,001- | TI) | nt of L |
| | | <u> </u> | | \$1,000,000 \$1,000,001 - | G H | Amount of Liability |
| | | - | | \$5,000,000 \$5,000,001 | | ۲ |
| | | | | \$25,000,000 \$25,000,001 \$50,000,000 | : | |
| | | - | | Over \$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 \$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

| _ | _ | | | _ | _ | |
|-------|---|------|----------|--|-------------|--|
| | | 2010 | d landly | Example: Mr. Joseph H. Smith, Anytown, Anystate | Source | |
| | | | | Silver Platter (determination on personal friendship received from Committee on Standards) | Description | |
| | | | | \$345 | Value | |

Attachment to Schedule V-Liabilities James Randy Forbes, Sr. 2009 Page 7 of 9

| Creditor | Type of Liability | Amount of Liability |
|---------------------------------------|-------------------------------------|---------------------|
| Bank of America | Mtg. 524 Johnstown Rd. Ches. Va. | 500,001-1,000,000 |
| Suntrust Bank | Boat Loan | 50,001-100,000 |
| Wells Fargo | Mtg. 1391 Duck Rd.Dare Co.,N.C. | 100,001-250,000 |
| Wells Fargo | Mts. 536 Johnstown Rd., Ches. Va. | 100,001-250,000 |
| SP Gateway Bank | Line of Credit (Paid) | 15,001-50,001 |
| Congressional Federal Credit Union | Line of Credit | 15,001-50,001 |

| Name |
|------------|
| <u>(</u> |
| DIES. |
| Row |
| |
| , Forkes c |
| Page & of |
| 1-4 |

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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

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

| | 3 | | | | | | |
|------------|-----------------------------|-----------|--|------------------|---------------|---|--|
| | 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 <u>not</u> at sponsor's expense |
| Evamples: | Chicago Chamber of Commerce | Mar. 2 | | z | | Z | None |
| LAGINDICO. | Roycroft Corporation | Aug. 6–11 | DC—Los Angeles—Cleveland | Υ | ~ | Y | 2 Days |
| Alad P | ρ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | : | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | ļ | | |

This page may be copied if more space is required

SCHEDULE VIII—POSITIONS

Name James Randy For bes Sc, Page 7 of 7

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 I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiorganization, or any educational or other institution other than the United States.

| Position | Name of Organization |
|----------|----------------------|
| ONON | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

| Date | Parties To | Terms of Agreement |
|------|-------------------------------|--------------------|
| | $\mathcal{O}_{AA}\mathcal{O}$ | |
| | | |
| | | |
| | | |
| | | |
| | | |