\$ [2]	Yes	hild because luct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
<u>\$</u>	Sey	rusts* пееd not	of Official Conduct and certain other "excepted to	on standards ng you, your sp	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?
97	NESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the mse.	"Yes" respo	nust be ans d for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	₹ [7]	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.
Ź	es	rrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	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.
<u>Z</u>	es	r 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.	<u>₹</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.
<u>\$</u>	es D	receive any 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.	<u>₹</u>	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.
<u>₹</u>	Yes	egating 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.	N _O	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 THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
ore than	against anyone who files more than 30 days late.	against anyor 30 days late.	Termination Date:	Елгрюуее	Report Annual (May 15) Amendment
ssessed 8	A \$200 penalty shall be assessed	A \$200 pena	Employing Office:	Officer or	Member of the U.S.
PH 1: 43	2009 MAY -7 PM 1: 43	20 (OF)	Daytime Telephone:(<i>201) 2 90 - 9354</i>	Daytime T	Name: Albio Sires
	TALL TO SERVICE PARTY (STORY)	3	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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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.

Exclude: mindly bay (and as reading found or reading bay); backet found to the grants and an exclusive bay);		
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
ion	Spouse Salary	NA
	Legislative Reusian	36,00
New Jersey State Jension		
West New York Board of Education	Special evan	in N/A

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.

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	Source	Activity	Date	Amount
		Speech	Feb. 2, 2008	\$2,000
Examples:	XYZ Magazine	Article	Aug. 13, 2008	\$500
	7			
:				

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Albio Sires Page 3 of 6

e	Note: LOAN	A.M. the Ive	JT 1st Bank of Paducah, KY Accounts	Examples:	SP SP Mega Corp. Stock	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 rame 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.	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	×	None \$1 - \$1,000	Value of Asset 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."
	*		×	Royatties	X	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 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	X	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 ×	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 IflAs, 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)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, 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)

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As	BLOCK A Asset and/or Income Source				<	= ≺	교 2 원	BLOCK B Year-End ue of As:	BLOCK B Year-End Value of Asset	ě							0		Type fincon	BLOCK C Type of Income		>	ğ	Ĕ	Int of Ir	= 2		BLOCK D Amount of Income	æ		BLOCK E Transaction
SP, DC,		>	σ.	0	O	ा) 1) 0	00 I	.000 -				+		***************************************			TRUST	е			= =		<u> </u>	≤ <	IIIA IIA			<u>~</u> ×	m Çv∵n
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SCHEDULE IV— TRANSACTIONS

Name Page ____o

	of Tr	ansa	of Transaction	Date			A A	Amount	으	rans	Transaction	_ _	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	W	ဂ	O	m	'n	۵	1		
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	HASE		ANGE	Quarterly, Monthly, or			0	Ю	0	000	000	,000	
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.	PURC	SALE	EXCH	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,00 \$250,000	\$250,00 \$500,000	\$500,00° \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000, \$25,000,	
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Example: Mega Coporation (X	V-5/10	10-12-08		×	200			_		_	
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SCHEDULE VIII—POSITIONS

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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. organization, or any educational or other institution other than the United States. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
	CA

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	Parties To	Terms of Agreement
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