<u>\$</u>	Yes	child because iduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, trans st consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on S
№	Yes	trusts" need not	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards g 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?
S	UESTION	EACH OF THESE QUESTIONS	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
I the onse.	wered and "Yes" resp	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No ON	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.
N ₀	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	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.
₹	Yes	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.	<i>§</i> ⊠	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.
₹	Yes	d receive any n 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.	§ ×	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.
№	Yes	receive any regating 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.	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? If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH (
assessed more than	ne who files	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Termination	Employee	Status House of Representatives District: Report Annual (May 15) Member of the U.S. State: Status District: Annual (May 15) Annual (May 15)
SENTATIVES	S. ADDITION OF BUNKESENTATIVES	S. for			
THE AMIL: 26	ZONG JULITA AMII: 26	U Zinia	202-2254511 Daytime Telephone:	Daytime T	Name: CiRo D. Rodriquez
	HAND DELIVERED		Form A For use by Members, officers, and employees	AENT	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.

Source	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
SAN ANTONIO, I.S. D., SAN ANTONIO TEXAS	SPOUSESALARY	R/A
TEXAS SIMPLOYER RETIREMENT FUNG (STATE)	STATE LEGISLATING	27 700,00
	AAA.	
		All Control of the Co

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For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND	AND "UNEARNED" INCOME			
BLOCK A	BLOCK B	BLOCK C	BLOCK D	Transaction
Asset and/or Income Source	Value of Asset	Type of Income		Indicate if the
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 peri-	Indicate value of asset at close of reporting year. If you use a valuation			asset had
od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or	please specify the method used.	all other assets <i>including all IRAs</i> , indicate the type of income by check-		sales (S), or
land, provide a complete address. Provide full names of stocks and mutual funds (do not use	asset w		w. Dividends and interest, even if reinvested, should be listed as income.	exchanges (E) exceeding
ticker symbols). For <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed	generated income, the value should be		<u> </u>	\$1000 in
	"None."	ате алу птотте оптпу савтоат уват	11.	reporting year.
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	> CO	n Incon	10 10 V V V V V V V V V V V V V V V V V	portion of an asset is sold,
period. For an active business that is not publicly traded state the name of the business, the nature		or Fan		please indicate
of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.		Income		as follows: (S) (partial)
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by		JST		example.
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	000	S ND TR	00 000 ,000 000,000	
interest in or income derived from U.S. Government retirement programs.	\$15,00 - \$50,0 - \$100 - \$25 - \$50 - \$1,0	DS GAIN: ED/BL	1,000 \$2,50 \$5,00 \$15,0 - \$50, - \$100 - \$1,	m ʻo
If you so choose, you may indicate that at asset or income source is that of your spouse (SP) or dependent shill (DC) or is injurity held (TT) in the	0,001 0,001 0,001 0,001 0,001	or \$50 NE 'IDEN NT ERES PITAL CEPT	- \$20 01 - \$ 001 - 501 - 001 - 5,001 0,001	
optional column on the far left.	\$1 \$1 \$5 \$1 \$2 \$5 \$1	ON NC DI' RE IN' CA	\$2 \$1 \$2 \$5 \$1 \$5 \$1	
SP Mega Corp. Stock	×	X	X	S (partial)
-	Indefinite V	Hoyalties	X	
1st Bank of Paducah, KY Acc	>	>		
SAN ANTONIOLIX, 23	X .	×	×	
30 157	×	×	×	
CREE RETIAL	×	×	X	
EAN ANTONIO CREDITURION				
ANTONIO	*	×	>	
FED, CRED, TUNION WEST.	×	×	×	
アルチレ ない	X .	×	*	

SCHEDULE V— LIABILITIES

Name Roduiquez Cinc P

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.

				SP, DC,	
		SUN TRUST MORTGAGE	Example: First Bank of Wilmington, Delaware	Creditor	
		1530 IST STREET S.E	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
				\$10,000 w \$15,000 w	
				850 00485 E E	
				\$250,000	
				85 (MU,UUU)	
100				\$25,000,000 \$25,000,000 \$25,000,000 \$56,000,000	
			SUNTRUST MORTGAGE 530 1st STREET S.E	Mortgage on 123 Main St., Dover, D 学30 1st STRささたら、 WASH、 ひ、こ、	Creditor Type of Liability B C D E 所 G H

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

_		Ехап		
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	•
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
The second secon		\$345	Value	

Use additional sheets if more space is required.

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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.

במוטווס), מוזמ בסטומסודם סטומון טו מוז ווסיוסישון וומושים.	
Position	Name of Organization

SCHEDULE IX—AGREEMENTS

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. 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
7-14-09	7-14-09 TK. Employees Retien ment	Rotion ment PLAN
	Fund FENSION	