S	Yes No 🗸	child	income, transactions, or liabilities of a spouse or dependent child	sets, "unearned"	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, o because they meet all three tests for exemption?	 -
	Yes No 🗸	epted ndent	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?	ved by the Comm ed from this repo	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Of trusts" need not be disclosed. Have you excluded from this report details of such a trust child?	
	NS NS	ESTIO	INFORMATION ANSWER EACH OF THESE QUESTIONS	IST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	I
		"	schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	_
ate _	the appropria	ed and t	Each question in this part must be answered and the appropriate	Yes 🗸 No 🗍	V. than \$10,000) during the reporting period?	
			If yes, complete and attach Schedule IX.	! 	If yes, complete and attach Schedule IV.	
No C	Yes 🗌 N	n outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes 🖳 No 🗌	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting	
<u> </u>		1	If yes, complete and attach Schedule VIII.	 	If yes, complete and attach Schedule III.	_
No .	Yes ✓	TING III ON	Did you hold any reportable positions on or perore the date of ming in the VIII. current calendar year?	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1 non at the end of the period?	
-	5		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
S	Yes	able travel than \$305	VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No 🗸	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	_
5	Yes No	able gift in otherwise	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	
			QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH	
L		late.		Termination	Type (Annual (May 15) Amendment	
<u>-</u> -	more than 30 days	more	Termination Date:	 	Report	
hall PLYES inst	A \$200 penalty shall be assessed against anyone who files	A \$20 be as	Officer Or Employing Office: Employee		Filer Member of the U.S. State: IL Status House of Representatives District: 18	
X /17	Us (Office Use Only)	Us (d)	(Daytime Telephone)		(Full Name)	_
2009 MAY 15 AM II: 08	DOMAY 15 A	200	202-225-6201		Raymond H. LaHood	
URCE CENTER	LEGISLATIVE RESOURCE CENTER	רבפונ				
	•	-	For use by Members, officers, and employees	YEAR 2007	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	_
ERED	DELIVERED		FORM A Page 1 of 8	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	
8	HA	I				

SCHEDULE I - EARNED INCOME

Name Raymond H. LaHood

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Goodwill Industries of Central Illinois Spouse Salary N/A	Source	Туре	Amount
	Goodwill Industries of Central Illinois	Spouse Salary	N/A
Council of American Overseas Research Non Employee Compensation N/A Centers	Council of American Overseas Research Centers	Non Employee Compensation	N/A

SP	SP					If you that o	Excludebt parer savir	Idenia a faii and than land, mut. retire in which investin the plant and that its au infor
	 ! 			l		so choo of your sp optiona	ude: You owed to nt or sibil igs accor	Asser market r market r market tr market tr market tr b) any of \$200 in ", provide lal funds ment plainth you stments), sthat are ts value is not pulp its not pu
National City Retirement Plan	Goodwill Industries (401K)	Ford Motor Co. Del Com Par Stock (200 shares)	Congressional Credit Union	CEFCU Credit Union (Money Market Account)	Archer-Daniels-Midland Co. Stock (100 shares)	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.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	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 assets 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), 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 of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.
\$15,001 - \$50,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$1,001 - \$15,000	S		Year-End 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 and is included only because it is generated income, the value should be "None."
Deferred/Not self directed	Deferred/Not self directed		INTEREST	INTEREST	DIVIDENDS			Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)
N/A/Retirement	N/A/Retirement	NONE	\$1 - \$200	\$201 - \$1,000	\$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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.
		<u>ס</u>			ָ י		_	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name		
Raymond H. L		

SP SP National City Savings & Investment Plan TIAA-CREF Retirement Plan \$100,001 -\$250,000 \$15,001 -\$50,000 directed Deferred/Not self Deferred/Not self directed LaHood N/A/Retirement N/A/Retirement Page 4 of 8

SCHEDULE IV - TRANSACTIONS

Name Raymond H. LaHood

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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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC,	Asset	Type of Transaction	Date	Amount of Transaction
	Archer-Daniels-Midland Co. Stock (100 shares)	S	04/13/2007	\$1,001 - \$15,000
	Caterpillar Inc. Stock (100 shares)	S	04/13/2007	\$1,001 - \$15,000
1	Caterpillar Inc. Stock (87 shares)	Ø	03/28/2007	\$1,001 - \$15,000
	General Electric Company Stock (50 shares)	Ø	10/01/2007	\$1,001 - \$15,000
	I 2 Technologies (500 shares)	Ø	03/07/2007	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Raymond H. LaHood

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cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit

SP, DC,	Creditor	Type of Liability	Amount of Liability
- ""	Direct Loans-U. S. Department of Education	Student Loan	\$15,001 - \$50,000
	First Bank, Peoria, IL (formerly Mid-American Bank)	Short Term/Misc. Loan	\$15,001 - \$50,000
SP	Heritage Bank, Peoria, IL	Personal Loan	\$15,001 - \$50,000
SP	National City Bank, Peoria	Credit Card	\$10,001 - \$15,000
	CEFCU, Peoria, IL	Short Term/Miscellaneous Loan	\$10,001 - \$15,000
!			

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Raymond H. LaHood

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spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by 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 the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family 19? Food? Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute Congressional Program	11/27/2007 Peoria, IL. Costa Ric 12/02/2007 Peoria, IL	11/27/2007 Peoria, IL-Atlanta, GA-Liberia- Costa Rica-Atlanta, GA- 12/02/2007 Peoria, IL	Υ	~	~	None

SCHEDULE VIII - POSITIONS

Name Raymond H. LaHood

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any honorary nature; and positions listed on Schedule I. educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Trustee (Unpaid-Congressionally Mandated Position)	Position	
Gallaudet University	Name of Organization	