late.		Termination	Amendment	() Annual (May 15)	Type
more than 30 days	Termination Date:		•		Report
be assessed against anvone who files		Employee	District: 02	House of Representative	Status
A \$200 penalty shall	Employing Office:	Officer Or	State: NJ	Member of the U.S.	Filer
(Office Use Only)	(Daytime Telephone)		me)	(Full Name)	
	(202) 225-6572		Biondo	Frank A. LoBiondo	:
	•				
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For use by Members, officers, and employees		LOSURE STATE	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALENI
HANDDE	FORM A Page 1 of 8		REPRESEN	UNITED STATES HOUSE OF REPRESENTATIVES	UNITE

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

It or more from any source in the reporting period? If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in iteu of III. Did you, your spouse, or a dependent child receive any reportable travel in the reporting period? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel in the reporting period (i.e., aggregating more than \$335 and not otherwise Yes No warmpt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel in the reporting period (worth more than \$35 from one source)? If yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive "unearned" income of more than \$35 from one source)? If yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive "unearned" income of more than \$35 from one source)? If yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive "unearned" income of more than \$35 from one source)? If yes, complete and attach Schedule VIII. Did you, your spouse, or a dependent child receive "unearned" income of more than \$35 from one source)? If yes, complete and attach Schedule VIII. Did you, your spouse, or a dependent child any reportable asset worth more than \$1,000 at the enfold? Yes \(\) No \(\) \(\	M	.<	₹	=	<i>=</i>	-
or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise e., aggregating more than \$200 and the reporting period (worth more than e.) Table positions on or before the date of filing in the example travel in the example e. The example of the example example e. The example of the example example e. The example example example example example example e. The example examp	EXCLUSION OF SPOUSE, DEPENDENT, OR TRI	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	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 \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Did any individual or organization make a donation to charity in lieu of II. paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200. If yes, complete and attach Schedule I.
or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise e., aggregating more than \$200 and the reporting period (worth more than e.) Table positions on or before the date of filing in the example travel in the example e. The example of the example example e. The example of the example example e. The example example example example example example e. The example examp	TSU	Yes	Yes	Yes	Yes	
or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise e., attach Schedule VII. table positions on or before the date of filing in the table positions on or before the date of filing in the extrach Schedule VIII. table agreement or arrangement with an outside extrach Schedule IX. attach Schedule IX. attach Schedule IX. attach Schedule IX. EACH OF THESE QUESTIONS	NF	Z Z	S Z	S Z	Į.	<u> </u>
or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise e., attach Schedule VII. table positions on or before the date of filing in the table positions on or before the date of filing in the extrach Schedule VIII. table agreement or arrangement with an outside extrach Schedule IX. attach Schedule IX. attach Schedule IX. attach Schedule IX. EACH OF THESE QUESTIONS	NA NA	0	0		<u>\$</u>	
or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise e., attach Schedule VII. table positions on or before the date of filing in the table positions on or before the date of filing in the extrach Schedule VIII. table agreement or arrangement with an outside extrach Schedule IX. attach Schedule IX. attach Schedule IX. attach Schedule IX. EACH OF THESE QUESTIONS	ITA			S	: ≦	
Yes No Yes No Yes No Yes No Yes Yes	ON ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the schedule attached for each "Yes" response.	!	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.	or a dependent child receive any reportable travel travel in the reporting period (worth more than rattach Schedule VII.	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.
No V		appro	Yes	Yes	Yes	Yes
		ppria	. N. Z	z	ž	ž
) it	0	0	6 4 ,	«

Exemptions-- 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

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

Yes

8 **⟨**

Yes

₹ <

Trusts-

THE WHEN shall The provide a **카**()

SCHEDULE 1 - EARNED INCOME

Name Frank A. LoBiondo

Page 2 of 8

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.

Source	Туре	Amount
Spectrum Gaming Group LLC	Spouse Salary	N/A .

	SCHEDULE #
	_
	7
	77
:	m
	SSET
	S
	I - ASSETS AI
	AND
	U
	-
	Ċ
	Z
	[ij
	2
	RNE
	Z
	RNEI
	۲
	_
	Ž
	NCOME
	0
	3
	m

Ħ	· ·		;		fair market w (b) any other \$200 in "unas provide a con funds (do not plans (such a have the pow have the frected self-directed the and of the publicly trade activities, and information, a Exclude: You debt owed to parent or sibli accounts; and Governments If you so cho of your spous optional colu	Ass.		CHEDUL
Residential Real Estate, 3100 Elmrock Place, Las Vegas, NV	LoBiondo Brothers Motor Express, Inc. Common Stk	LoBiondo Bros. Motor Express 401(k) Profit Sharing Plan American Fund Group (invested solely in Washington Mutual Investors Fund; self- directed	IRA Account: Franklin Growth Class I	Congressional Federal Credit Union Account	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 publicly traded, state the name of the 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. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to your spouse's child, parent or siting; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Governmentrelirement 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	BLOCK A	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$100,001 - \$250,000	\$100,001 - \$250,000	\$100,001 - \$250,000	\$50,001 - \$100,000	\$1,001 - \$15,000	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."	Year-End	BLOCK B	Name Frank A. LoBiondo
Rent	None	Dividends/Interest	Interest	Interest	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 esset did not generate any income during the calendar year.	Type of income	BLOCK C	oBiondo
\$5,001 - \$15,000	NONE	\$15,001 - \$50,000	\$1 - \$200	\$1 - \$200	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.	Amount of Income	BLOCK D	
						Transaction	BLOCKE	Page 3 of 8

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	" INCON		Name Frank A. LoBiondo	oBiondo		Page 4 of 8
SP	Silver State Schools Credit Union	•	\$15,001 - \$50,000		Interest	\$201 - \$1,000	
JT	TD Banknorth (formerly Commerce Bank)	(\$1 - \$1,000	0	Interest	\$1 - \$200	
 -	US Bank/Cumberland Advisors IRA Account: Lehman 1-3 Yr Treasury Bond Fund (transferred from Wachovia Capital Mgmnt. Group IRA Acct.)	(None		Dividends	\$1 - \$200	σ 1
	US Bank/Cumberland Advisors IRA Account: Money Market/Cash Account	(\$1,001 - \$	15,000	\$1,001 - \$15,000 Dividends	\$1 - \$200	
	US Bank/Cumberland Advisors IRA Account: Rydex S&P Equal Weighted Index Fund	(\$1,001 - \$15,000	15,000	Dividends	\$1 - \$200	,
	US Bank/Cumberland Advisors IRA Account: S&P Index Fund (transferred from Wachovia Capital Mgmnt. Group IRA Acct.)	1	None		Dividends	\$1 - \$200	σ 1
	US Bank/Cumberland Advisors IRA Account: SPDR Trust Series I (transferred from Wachovia Capital Mgmnt. Group IRA Account)	(\$1,001 - \$	15,000	\$1,001 - \$15,000 Dividends	\$201 - \$1,000	
	US Bank/Cumberland Advisors IRA Account: Vanguard Total Stock Mkt Vipers	1	\$1,001 - \$	15,000	\$1,001 - \$15,000 Dividends	\$1 - \$200	I
	Wachovia Bank Capital Management Account: Money Market/Cash Account	(None		Interest	\$1,001 - \$2,500	S (

SCHEDULE IV - TRANSACTIONS

Name Frank A. LoBiondo

Page 5 of 8

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. 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,

SP,		Type of		
JT	Asset	Transaction	Date	Amount of Transaction
	US Bank/Cumberland Advisors IRA Account:	S	03-20-08	\$1,001 - \$15,000
	Lehman 1-3 Yr Treasury Bond Fund (transferred from Wachovia Capital Mgmnt. Group IRA Acct.)			
	US Bank/Cumberland Advisors IRA Account: Rydex S&P Equal Weighted Index Fund	ſ	05-22-08	\$1,001 - \$15,000
	US Bank/Cumberland Advisors IRA Account: Rydex S&P Equal Weighted Index Fund	T (03-20-08	\$1,001 - \$15,000
	US Bank/Cumberland Advisors IRA Account: S&P Index Fund (transferred from Wachovia Capital Mgmnt, Group IRA Acct.)	σ (04-18-08	\$1,001 - \$15,000
	US Bank/Cumberland Advisors IRA Account: Vanguard Total Stock Mkt Vipers	(03-20-08	\$1,001 - \$15,000
JT	Wachovia Bank Capital Management Account: Money Market/Cash Account CD	σ	03-20-08	\$15,001 - \$50,000

C	7
C)
	Ē
П	П
C	_
Č	
Ē	_
	Ϊ
<	_
ı	_
_	
	- >
	_ >
	> -
	- - - -
	> C

Name Frank A. LoBiondo

Page 6 of 8

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

!	JT	SP, DC, JT	
	Silver State Schools Credit Union	Creditor	
	Mortgage on 3100 Elmrock Place, Las Vegas, NV	Type of Liability	
	\$100,001 - \$250,000	Amount of Liability	

SCHEDULE VIII - POSITIONS

Name Frank A. LoBiondo

Page 7 of 8

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 educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member (Non-	Millville Army Air Field Museum

compensated)

1

SCHEDULE IX - AGREEMENTS

Name Frank A. LoBiondo

Page 8 of 8

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.

inprojec weira	cinprojec metate or bettent plan manitalited by a former elliphoyen.	
Date	Parties To	Terms of Agreement
10-14- 1996	LoBiondo Brothers Motor Express, Inc.	Continuing interest in company 401(k) profit sharing plan (self-directed)