× ×	Yes	child because	sactions, or liabilities of a spouse or dependent o	l" income, trans	<b>EXEMPTION</b> —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?
₹ <b>X</b>	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not ouse, or dependent child?	on standards ng you, your sp	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
<i>(</i> )	UESTION	EACH OF THESE QUESTIONS	— ANSWER	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and Yes" respo	must be ansy ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	₹ <b>X</b>	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.
<b>₹ ×</b>	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	×	<ul> <li>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?</li> <li>if yes, complete and attach Schedule IV.</li> </ul>
× ×	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.	□ N	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 X	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 \$305 from one source)?  If yes, complete and attach Schedule VII.	No.	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.
<b>₹</b>	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 \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	₹ <b>X</b>	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 THESE	PRELIMINARY INFORMATION - ANSWER EACH
Tore than	e who mes n	against anyone who lites more than 30 days late.	Termination Date:		
ssessed	y shall b	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Status  Member of the U.S. State: MO  House of Representatives District:
1	es Lingaphy S	S. HUUSE OF REPRESENTATIVES	(Daytime Telephone)		(Full Name)
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RED	ELIVE	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
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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.

		• •	
Source	Activity	Date	Amount
	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
,	Speech	Mar. 3, 2007	\$ 200

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FORD MOTOR BONDS	BOTH IRA	ROTH DR. DUS DREMIN	LRA DIN WEINGARTEN	TRA SIMEGRAPIEN	Annulty - Ovality Government			SP Mega Corp. Stock	account and its value at the end of the reporting 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.  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 tar left.	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	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 <i>all IRAs</i> 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).	BLOCK A  Asset and/or Income Source
*	*	*	*	*	X	×	Indefinite	×	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 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	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."	BLOCK B
×	4	X	*	×	AN NOTA	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Inc	ncome)	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 <i>including all IHAs</i> , 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.	BLOCK C
×	×	*	X	**	X	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , 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 received.	BLOCK D  Amount of Income
								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example.  P. S, E	If only a portion of an	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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Page 6 of

## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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 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

spouse or dependent child that is totally independent of his or her relationship to you. 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

							club for Growth	The Heritage Foundation	- 1	Chicago Chamber of Commerce	Source
	•				-		Mar 31-Apr 1	Feb 1-2	Aug. 6–11	Mar. 2	Date(s)
	5.55						Mar 31-Apr 1 St. Louis - Palm Broch, FL-St.	DC - Baltimore	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
							~	Υ	Y	z	Lodging? (Y/N
						·	~	~	Y	z	Food? (Y/N
							~	Z	~	Z	Was a Family Member Included? (Y/N)
							None	None	2 Days	None	Number of days <u>not</u> at sponsor's expense