<u>§</u>	Yes	child because	sactions, or liabilities of a spouse or dependent	l" 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?
No X	Yes	trusts" need not	of Official Conduct and certain other "excepted couse, or dependent child?	າg 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	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
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 No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes If yes, complete and attach Schedule V.
× N	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× _S	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>X</u>	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 _o	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 e)?	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.	S _o	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	receive any pregating 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.	No	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 Yes
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
lore man	e who mes n	30 days late.	Termination Date:		Type Annual (May 15) Amendment
assessed	ty shall be	A \$200 penalty shall be assessed	e Employing Office:	Officer or Employee	Filer Member of the U.S. State: <u>LA</u> Status House of Representatives District: <u>67</u>
3 MC	HOUSE OF PHEFRE BENTANIVES	u.s. aöust ō ∕ ભ€	(Daytime Telephone)		(Full Name)
5	PH 3: 44	2008 HAY 12 PM 3: 44	1502-202-2031		Charles William Boustavy Ir.
ম ৃ	MATHED ROBBINS - VI		"		
	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 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.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and because of the control of the cont	benefits received under the Social Security Act.	surity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000 NA
Paul Royar life Torum Con or Manifester	Parante Gina	20 WW 1872
	11/1/	
the Men look with insurance Co.	asceplify policies	

Name Charoles M Bowstany To Page 3 of 6

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
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2007	\$500
Diaseo	Appearance	Mar 13 2007	1000,00

JT JP Margan Chase Stock	IT Carryessional Federal	Gett Union Aut.	JT Congressional Federal	IT Iberia Bank Account	JT 1st Bank of Paducah, KY Accounts		SP, Sp Mega Corp. Stock	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. 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 "uncarned" 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).
X	*		><	×	×	Indefinite	×	None	BLOCK B 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."
X	><		X	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C 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	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 <	BLOCK D 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 IFAs, indicate the category of income becking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
							S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.	BLOCK 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)

SEUSA Counting Inc Asset and/or income Source Plains MARCheting tillorp tousy la Quest Services (Soustain Jr. M) FINANCIE harax None 0 \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B חד \$100,001 - \$250,000 O **×** \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 ~ \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Kexmonia Other Type of Income (Specify) None $\times \times$ \$1 ~ \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$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 \succeq Over \$5,000,000 Transaction BLOCK E முல்

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SCHEDULE V— LIABILITIES

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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.

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		Ibinia Bank Latayathe LA	Example: First Bank of Wilmington, Delaware	Creditor		
		Live of Credit	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$1,001- \$15,000	8	
 				\$15,001- \$50,000	ဂ	
		×		\$50,001- \$100,000	a	
			×	\$100,001- \$250,000	ш	Amo
	 <u>.</u> .			\$250,001 \$500,000	'n	unt of
	 			\$500,001- \$1,000,000	ଦ	Amount of Liability
				\$1,000,001- \$5,000,000	I	lty
 				\$5,000,001- \$25,000,000	_	
 	 <u></u>	<u> </u>		\$25,000,001 \$50,000,000	ح	
 				Over \$50,000,000	^	

SCHEDULE VI— GIFTS

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 \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 			_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	