yes No X	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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o
need not Yes No X	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?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
ESE QUESTIONS	DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, O
be answered and the reach "Yes" response.	Yes No appropriate schedule attached for each "Yes" response.	ld have any reportable orting period?
ment with Yes No X	Yes No No If yes, complete and attach Schedule IX.	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.
e the date Yes X No	Yes No No If yes, complete and attach Schedule VIII.	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.
e any porting Yes No X	Yes No Superior (worth more than \$335 from one source)? 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)?	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.
e any g more Yes No 人	Yes No No Yes, complete and attach Schedule VI.	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.
	EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Officer or Employing Office: A \$2 Employee Termination Date: again Amendment Termination Date: 30 dt	Status Member of the U.S. State: LA Status House of Representatives District: 200 Annual (May 15) Annual (May 15)
2010 17 -6 8: 53 (Office Use Only)	Daytime Telephone: (බහු) බබු ි රියුදි ළු(Name: Anh Quars Cao
HAND DELIVERED	Form A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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Asset and/or Income Source

instruction booklet. of its activities, and its geographic location account and its value at the end of the reporting reporting threshold. For retirement plans that are provide the value and income information income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Block A. For additional information, traded, state the name of the business, the nature period. For an active business that is not publicly not self-directed, name the institution holding the each asset in the account that exceeds *not exercised*, to select the specific investments), plans (such as 401(k) plans) that are self directed ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full Identify (a) each asset held for investment or proi.e., plans in which you have the power, even if see 9 ± 9 Уe ₹ 핥 ē Ξ

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by If you so choose, you may indicate that an asset Government retirement programs. less in personal savings accounts; any financial interest in or income derived from U.S. parent, or sibling, any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, None

optional column on the far left dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or

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Examples:

Simon & Schuster Mega Corp. Stock

1st Bank of Paducah, KY Accounts

Coverdale HRA

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Growth Fund of America Motual Fund

College Plan - 529 Myhual Merrill Lynch - Next Gen

Abbe# HRA

AT: 1: 9,00

Ameriprise

		-		 	 -		2		\$1 - \$1,000	В	BLOCK B Value of Asset value of Asset at close of eporting year. If you use a valuation nethod other than fair market value, lease specify the method used. fan asset was sold during the reporting ear and is included only because it enerated income, the value should be None."
X	×	×	×	×	×		Indefinite		\$1,001 - \$15,000	C	ate ting od se si asset ance ance ance ance ance ance ance ance
							₽		\$15,001 - \$50,000	Q	Value value lyear. other pecify the twas at was disconding the control of the con
								×	\$50,001 - \$100,000	E	le l
		\				×			\$100,001 - \$250,000	т	BLOCK B Value of Asset lue of asset at close of ear. If you use a valuation her than fair market value, cify the method used. was sold during the reporting s included only because it ncome, the value should be
				Τ					\$250,001 - \$500,000	ଦ	CK ass ass ass the during the
									\$500,001 - \$1,000,000	I	B Set use ir n hod ing
									\$1,000,001 - \$5,000,000		at at at at use
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									\$25,000,001 - \$50,000,000	7	close of valuation valuation (et value, ed. eporting ecause it should be
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X	X	X	X	X	X	Γ			NONE		
-/- -			1	Ţ				×	DIVIDENDS		Check all colur retirement plans not allow you all other assets indicate the type ing the appro Dividends and i vested, should I Check "None" if ate any income c
						×			RENT		ment ment illow inche the the the the the the the the the t
						Π			INTEREST		ypi t pla t pla t ypi asset asset app app app app app asset app asset app asset app asset app asset app asset app asset app app app app app app app app app ap
						1		×	CAPITAL GAINS		BLOCK C Type of Income Ill columns that ap It plans or accounts w you to choose mis, you may write assets including assets including assets including the type of income box appropriate box is and interest, eve should be listed as lone" if asset did no
						ļ			EXCEPTED/BLIND TRUST		OCK I In I
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farr	n Income)	pply. For that do specific specific specific specific lina in train- below. below. below. below. below. below. below. below.
X	X	X	X	X	X		<u> </u>		None		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 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.
				<u> </u>	<u> </u>				\$1 – \$200	=	rett allk talkints, rall licat ecki sted eck
						L	_		\$201 – \$1,000	=	Amount of Income 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 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.
							_	×	\$1,001 - \$2,500	<u> </u>	Amount of Income ament plans or accounts v you to choose specific you may write "NA" for a the category of ince the appropriate box ds and interest, even should be listed as it lone" if no income was ated.
	<u></u>								\$2,501 – \$5,000	<	BLC plan plan plan plan plan plan plan plan
					<u> </u>	×			\$5,001 - \$15,000	<u> </u>	BLOCK D Junt of In plans or au o choose y write "N sets, inclust category appropria appropria d interest d be liste ff no incor
		ļ							\$15,001 - \$50,000	≦	Inc Sesses "N/ "N/ "N/ "N/ "N/ "N/ "N/ "N/ "N/ "N/
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							<u> </u>		\$1,000,001 - \$5,000,000	×	nat commat comma
_						1			Over \$5,000,000	×	ed in it is by
								S (partial)	please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold,	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Toya Pharmac cutical New York Com Bonk 3725 Claiborne Ave Makeson Corp Calemos Investment Ford Motor Co Ut down it Asset and/or Income Source CDC Corp, Capital One, () () Deplex - New Orleans Precision, STL YSOCK 0 None σ, 1 - 1,000XXXXXXXX 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B T \$100,001 - \$250,000 O H \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 <u>-</u> Over \$50,000,000 XXXX XXXX NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) XXXXXXX None \$1 - \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 \$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 × Over \$5,000,000 Page_ Transaction BLOCK E m io io 잋

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SCHEDULE V— LIABILITIES

Name

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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.

SP Wacho	CFS:	Example: Fire	7,0,7 7,00	3		
Visa Cred:+ Card SP Wachavia Shubert Loan	CFS Suntach Servicina	First Bank of Wilmington, Delaware	Creditor			
Abush low	Student loan	Mortgage on 123 Main St., Dover, Del.	Type of Liability			
X			\$10,001- \$15,000	В	П	
	×		\$15,001- \$50,000	C		
X			\$50,001- \$100,000	0		
		×	\$100,001- \$250,000	E	Amo	
			\$250,001- \$500,000	71	unt of	
			\$500,001- \$1,000,000	စ	Amount of Liability	
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	<u> </u>	_	\$5,000,001- \$25,000,000			
		_	\$25,000,001 \$50,000,000 Over	۳.		
		<u> </u>	\$50,000,000	<u></u>	Ш	

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.

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