	,			
\$	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, trans st consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
ĕ ⊠	Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ig you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
S	F THESE QUESTIONS	INFORMATION - ANSWER EACH OF		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	№	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.
	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
× ×	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.	S S	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.
₹	d receive any nother reporting Yes	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)? If yes, complete and attach Schedule VII.	× S	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.
₹	receive any regating more Yes	VI. 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.		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.
i :		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
as essed more than	A \$200 penalty shall be as sessed against anyone who files more than 30 days late.	r Employing Office: e Termination Date:	Officer or Employee	Status Member of the U.S. State: M.T. Status Pouse of Representatives District: 05 Report Annual (May 15) Annual (May 15)
Ö	2009 MAY 13 AM 9: 49	Daytime Telephone: 2の2-225-36月	Daytime 1	Name: Jale Edward Kildre
Ö	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	'UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Name Date Edward Kildee Page 1 of 4

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.

i Exclude: Military nay /such as National Guard or Resente nay) tederal retirement programs, and hence it is exceeded to the second of the s	benefits received under the Social Security Act.	curity Act
	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
,	Spouse Speech	\$1,000 NA
Michigan Legislative Retirement System	ue Pension	08045 EC

(C)		\mathcal{L}^{Λ}	O \		7.1	r	_	,, T			
T SunTrust Bank-c)	TSunTrust Bank-CD	PWACHOVIA Bank IRA-C)	SP Wachowia Bank SEP-C)	Congressional Fed. Credition	Machovia Bank		Examples:	SP, Sp Mega Corp. Stock	reporting threshold. For retirement plans that are 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.	provide the value and income information on	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 "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 IHAs 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).
\triangleright	X					H		_	None		M
				1			5	\dashv	\$1 - \$1,000		Indicate reporting method please s If an assi year and generate "None."
· ·		\succ		\succ			Indefinite	\dashv	\$1,001 – \$15,000		ate ring lod see sees and
			×		1		ite		\$15,001 - \$50,000		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."
					×			×	\$50,001 - \$100,000 m		BLOCK B Value of Asset value of asset at close year. If you use a valuat other than fair market val pecify the method used. et was sold during the report d is included only because d income, the value should
						×			\$100,001 - \$250,000		BLOCK B Je of Ass of ass If you than fair than fair the meth sold duri cluded come, the ve
									\$250,001 – \$500,000 °		CK I A A A A A A A A A A A A A A A A A A
			ļ	<u> </u>				_	\$500,001 - \$1,000,000		SSEE SSEE set use use r m nod nod ing;
			<u> </u>					_	\$1,000,001 - \$5,000,000 -		at at a rk use the the see the
	<u> </u>	ļ						_	\$5,000,001 - \$25,000,000		clos valu valu d. d. repo
····			-		-			\dashv	\$25,000,001 - \$50,000,000		e of lation alue, alue, brting se it ld be
			ļ	ļ				_	Over \$50,000,000	4	ē # Œ P D Of
				ļ .					NONE		Che retir not inversall of the privile control of the privile contro
			1				\rightarrow	×	DIVIDENDS	···	Type of II Check all columns retirement plans or not allow you to investments, you mail other assets <i>inc</i> indicate the type of ing the appropriation of the providends and intervested, should be II Check "None" if asset any income durit
			\leftarrow			×		\dashv	RENT	4	Ty all all own ow ow ents ar as the e a three three and the e a three three and the e a three three and the e a three th
X			$ \uparrow $					_	INTEREST	_	BI coluction blant you you you you you you you you old typo typo typo typo typo typo typo typo
		i						×	CAPITAL GAINS	\dashv	BLOCK C Type of Inc. Il columns the columns the plans or acc wyou to che wyou to che assets include the type of ince appropriate appropriate as and interest should be listed to mome during come during come during come during come of ince as a come of the columns.
								\dashv	EXCEPTED/BLIND TRUST	-	米の ・ th ・ ch ・ ch
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)		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 <i>including all IRAs</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.
									None -		For che Ch
	<u> </u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	\succ				_	\$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, <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 earned or generated.
\succeq		\times	\geq						\$201 - \$1,000	4	Amc irement you myou myou myou mother a the e the e the mids ar "None"
<u> </u>		5		-		lacksquare		×	\$1,001 - \$2,500	4	BLOCK D Amount of Income sment plans or accounts you to choose specific you may write "NA" for ther assets, <i>including a</i> the category of inco the appropriate box the appropriate box should be listed as it None" if no income was ated.
		5	7	-		ļ		_	\$2,501 - \$5,000 <	\dashv	BLOCK D bunt of Inc. t plans or acce to choose sp ay write "NA" ssets, includ. category of appropriate appropriate ild be listed if no income
		nuested	nvested	1		×		-	\$5,001 - \$15,000 \leq		of of oose ite ite jory opri opri ince
	1	3	12	ļ	-			\dashv	\$15,001 − \$50,000 ≦ \$50,001 − \$100,000 ≦	4	ncx accc e sp NA, NA, of ate ate it, e
\vdash	 ,	2	<u>g</u>				×				yme yunts ecific for ng a inco box yen as i
Ī	 	_	\	1				+	\$100,001 - \$1,000,000 \overline{\times}\$ \$1,000,001 - \$5,000,000 \times\$		BLOCK D unt of Income plans or accounts that do to choose specific invest- ay write "NA" for income. ssets, <i>including all IRAs</i> , category of income by appropriate box below. d interest, even if rein- id be listed as income. if no income was earned
		-	 	-	 	1		-	Over \$5,000,000 ×	\dashv	t do rest- rest- rest- low. by low. ned
								S (partial)		If only a	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

Name Dale Edward Kildee

Continuation Sheet (if needed) ဌ g SP, National City Bank-OH-CD nathratan Goldman Sacks Bank UT-CJ GECapital Financial Inchit-CI) Citi Smith Burney IRA Mathington Comprised of: Carment Bank-UT-C) 17th Third Dank OH - CD Asset and/or Income Source Tryly mac City Burk S. Jakota Bank Deposit trank - CA - C) Mustand - NV-CJ None $\boldsymbol{\varpi}$ \$1 - \$1,000 Ö \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 77 \$100,001 - \$250,000 D \$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 **CAPITAL GAINS** Type EXCEPTED/BLIND TRUST distribution To so by 3 Š Other Type of Income (Specify) None = \$1 - \$200 articipated interest Amount of Income Ξ \$201 - \$1,000 7 \$1,001 - \$2,500 V VI VII VIII BLOCK D \$2,501 ~ \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 3 of 4 Transaction 9-0309 605.00 BLOCK E πேழைற

SCHEDULE VIII—POSITIONS

Name Dale Edward Kildee

Page 4 of 4

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position Name of Organization
Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

Date Parties To Terms of Agreement 1-1-77 State of Michigan and self life insurance and health insurance	_	 			_	_
*				1-1-77	Date	cilibiotoc wona
Terms of Agreement I:fc insurance and heath insurance				State of Michigan and self	Parties To	to or perioric prair marriage by a former empreyon
				life insurance and health insurance	Terms of Agreement	