| Yes No | 1 | sactions, or liabilities of a spouse or dependent child because | f" income, trans | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? | EXEMPTION— they meet all th |
|--|--|--|-----------------------------------|---|--|
| Yes No V | | s of Official Conduct and certain other "excepted pouse, or dependent child? | ∍ on standards ∩g 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? | TRUSTS—Details be disclosed. H |
| ESTIONS | F THESE QUI | MATION — ANSWER EACH OF THESE QUESTIONS | T INFOR | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXCLUSIO |
| es" response. | must be answe | 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? If yes, complete and attach Schedule V. | V. Did you, your liability (more the lif yes, completed) |
| Yes No | | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | 8 □ | 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. | IV. Did you, you or exchange ar \$1,000 during t |
| Yes No | } | 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. | ₽ | 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. | III. Did you, you income of more reportable asse if yes, complet |
| Yes No No | ne 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. | II. Did any individ lieu of paying you reporting period? If yes, complete |
| Yes No | | 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. | S | 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. Did you or yo fees) of \$200 o |
| | | E QUESTIONS | OF THESE | INFORMATION — ANSWER EACH | PRELIMINARY |
| A \$200 penalty shall be assessed against anyone who files more than 30 days late. | A \$200 penalty against anyone v 30 days late. | Employing Office: Termination | Officer or Employee | Member of the U.S. House of Representatives District: \$2 | Filer Status Report Type |
| Use Only) | TIS PH 4:56 | 225-56 (Daytime Telegi) | No. | OUNCAN L. 19 UNTR | |
| HAND DELIVERED | HAND DE | Form A For use by Members, officers, and employees | | UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period | UNITED S 2008 FINAL For 2007 C |
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| NIFEU #2 | NIFCU #1 | D HOME, S. D. | C VAINCRELOT OTAG | B REMAINANT IT ACKES | A APP I NEIGE W/CASIN/VA | JT 1st Bank of Paducah, KY Accounts | | 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. | BLOCK A 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 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 \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 | 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." |
| | | | | | | × | 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 | × | *** | * | . × | | × | × | X | None - \$1 - \$200 = \$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 X Over \$5,000,000 X | 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 below checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" it no income was received. |
| | | | | | Ś | | | S (partial) | of only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E | 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)

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SCHEDULE IV— TRANSACTIONS

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| SCHEDULE IV- INANSACTIONS | | | | | | | | | | $\ \ $ | | $\ \ $ | | L |
|--|---------------------|----------------|----------|--|----------------------|--|-------------|-------------------------|-------------------------|-------------|----------------------------|--|----------------------|--------------|
| Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, | Type of Transaction | Type insact | on | Date | | | Amo | Amount of Transaction | of Tra | ansa | ctio | 3 | | |
| stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions | | | | (MO/DAY/YR) | Φ. | <u></u> | 0 | П | TI | ဝ | I | | | × |
| 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. | PURCHASE | SALE | EXCHANGE | or Quarterly, Monthly, or Bi-weekly, if applicable | \$1,001- \$15,000 | \$15,001- \$50,000 \$50,0 01- | \$100,000 | \$250,000 \$250,001- | \$500,000 \$500,001- | \$1,000,000 | \$5,000,000 \$5,000,001 | \$25,000,000 \$25,000,000 \$25,000,001 | \$50,000,000 Over | \$50,000,000 |
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| SP Example: Mega Coporation Common Stock (partial sale) | | × | | 10-12-07 | _ | × | <u> </u> _ | ┨_ | - | - | 1 | } | | L |
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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.

| | TO NORTH ISLAND | OT SOUTH WEST MRLITE | THE CONE LED CHENT ANION OF LEDIL OVE | Example: First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, | DC, Creditor Type of Liability | 20 | |
|-------------|-----------------|----------------------|---------------------------------------|--|--|---------|---------------------|
| | | | CARAS) | St., Dover, Del. | bility \$1,001- | | |
| | X | V | X | | \$15,000 \$15,001 | 8 | |
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SCHEDULE VI— GIFTS

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.

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.

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 |

SCHEDULE VIII—POSITIONS

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Page ____ of ___

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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

| | | DARTWER | BONCO MEMBER | Position |
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| | ! | CASIN /W PETE GERIEN ON PLUE RINGE | N CU | 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

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|---|--|------|--------------------|---|
| | | | Date | • |
| | | | Parties To | - |
| | | | Terms of Agreement | |