ED STATES HOUSE OF REPRESENTATIVES 08 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED
		THE RESOURCE CENTER
CHRIS VAN HOLLEN	201) 225-534/	1 2000 JUH 30 AM II: 52
(Full Name)	(Daytime Telephone)	Only) A TATIVES
Status Member of the U.S. State: \(\lambda \) Officer or Status House of Representatives District: \(\lambda \) Employee	r or Employing Office:	A \$200 penalty shall be assessed
Amendment	Termination Date:	30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS	
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. 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.	receive any regating more Yes 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.		d receive any n the reporting Yes No
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.		or before the date Yes No 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.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes 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.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	tion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- AN	SWER EACH OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent cl	ds of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	trusts" need not Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption?	ansactions, or liabilities of a spouse or dependent child because	child because Yes No

BLOCK A

Asset and/or income Source

of its activities, and its geographic location in provide the value and income information (i.e., plans in which you have the power, even if duction of income with a fair market value instruction booklet. Block A. For additional information, traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed 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 periicker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use and, provide a complete address. Provide full Identify (a) each asset held for investment or prosee

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Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by Government retirement programs. parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, ess in personal savings accounts; any financial nterest in or income derived from U.S.

dependent child (DC) or is jointly held (JT), in the optional column on the far left. or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset

None

\$1,001

ex pod

\$15,000

DC, Examples:

Simon & Schuster Mega Corp. Stock

1st Bank of Paducah, KY Accounts

progressional Fed. Coult Myon

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Electric

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For additional assets and unearned income, use next page.

Value of Asset BLOCK B

please specify the me method other than f reporting year. If you Indicate value of asset at

If an asset was sold du generated income, the year and is included "None."

> Type of Income BLOCK C

Amou

		no income was received.	interest, even if rein-	category of income by	sets, including all IRAs,	o choose specific invest-	plans or accounts that do	unt of Income	BLOCK D
reporting year.	\$1000 in	exceeding	exchanges (E)	sales (S), or	purchases (P),	asset had	Indicate if the	Transaction	BLOCK E

									\$250,001 - \$500,000	asset at close of you use a valuation n fair market value, method used. d during the reporting ded only because it the value should be
		E a				X		×	NONE BATTONIO RENT CAPITAL GAINS EXCEPTED/BLIND TRUST	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.
N/A							Royallies		Other Type of Income (Specify: For Example, Partnership Income or Farm Income	or accounts that do to choose specific may write "NA." For including all IRAs, of income by checkpriate box below. Iterest, even if reinelated as income. asset did not generuring calendar year.
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			X	X	X				\$201 - \$1,000 = \$7,000	For retirement not allow you ments, you m For all other a Indicate the Indicate the Dividends ahour Check "None"
			×	X	×				\$201 - \$1,000 \(\frac{\pi}{2}\) \$2,500 \(\frac{\pi}{2}\) \$2,501 - \$5,000 \(\frac{\pi}{2}\) \$15,000 \(\frac{\pi}{2}\) \$15,001 - \$50,000 \(\frac{\pi}{2}\)	For retirement plans or account allow you to choose spements, you may write "NA". For all other assets, <i>includin</i> indicate the category of checking the appropriate to Dividends and interest, exvested, should be listed a Check "None" if no income we
				X	X		N X X		\$201 - \$1,000 = \$2,500	you to choose specific in you to choose specific in you may write "NA" for in the category of incomplete category

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BLOCK E Transaction		ne e	8	BLOCK D Amount of Income	BLOCK D	int P	ğ	An	'			10	BLOCK C Type of Income	BLOCK C Type f incon		0							ĕ	BLOCK B Year-End Value of Asset	BLOCK B Year-End	e c	ਛੋ≾਼∣	\$				BLOCK A Asset and/or income Source
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