Name: **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES Filer Status Report Type Annual (May 15) House of Representatives Member of the U.S. District: State: Michig Amendment Daytime Telephone: みみ 5、5。 Officer or Employee For use by Members, officers, and employees Employing Office: 808 Form A Termination Date: 13 COMPANY 15 PM 1: 14 against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELIVERED

U.S. HOUSE OF REPRESENTATIVE CONV. LATIVE RESOURCE CENTER

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS Termination

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the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _S	Yes	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.
∑ §	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No W	Yes	 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.
s □	Yes	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	Yes N	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 No	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.	No No	Yes	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.
⊠	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.	S S	Yes	. 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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER LACH OF THESE QUESTIONS

No.	Yes	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.
No N	Yes	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?

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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Secu	urity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Salary	\$1,000 NA
Council Member for the Cide of Dostroit, Michigan	Solves School	n₽
D. C.		•

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. 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

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
-	Article	Aug. 13, 2008	\$500
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Asset and/or Income Source BLOCK A

Block A. For additional information, see instruction booklet. period. For an active business that is not publicly provide the value and income information 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 traded, state the name of the business, the nature 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). (i.e., plans in which you have the power, even if 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 income during the year. For rental property or Identify (a) each asset held for investment or proits activities, and its geographic location

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

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. If you so choose, you may indicate that an asset None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

RENT

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

Over \$5,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

\$500,000 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example

See below for

(S) (partial)

as follows:

please indicate asset is sold

Other Type of Income

S SP,

Examples

Simon & Schuster Mega Corp. Stock

Indefinite

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×

Royalties

×

S

(partial)

×

1st Bank of Paducah, KY Accounts

SP

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Investment Property

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Value of Asset

BLOCK B

reporting year. If you use a valuation please specify the method used. method other than fair market value, Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting

Dividends and interest, even if reinall other assets including all IRAs, not allow you to choose specific investments, you may write "NA." For ate any income during calendar year vested, should be listed as income. g retirement plans or accounts that do Check "None" if asset did not generindicate the type of income by checkthe appropriate box below.

Check all columns that apply. For Type of Income

Chec veste Divid chec indica For al ments not a

BLOCK D Amount of Income Amount of Income at a specific invest- where "NA" for income.	BLOCK E Transactior Indicate if the asset had
etirement plans or accounts that do	Indicate if the
flow you to choose specific invest-	asset had
s, you may write "NA" for income.	nurchases (P)
ate the category of income by	sales (S), or
king the appropriate box below.	
dends and interest, even if rein-	exchanges (E)
ed, should be listed as income.	exceeding
k "None" if no income was earned	S
nerated.	\$1000 in
	reporting year

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assets and
unearne
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SCHI Contir		SP,	DC,																
SCHEDULE; III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	BLOCK A Asset and/or Income Source			O A															
1 🚡		≻	None		[
E		В	\$1 - \$1,000																
		C	\$1,001 - \$15,000																
1 5	٧¿	ס	\$15,001 - \$50,000																
	BLOCK B Year-End Value of Asset	Ш	\$50,001 - \$100,000			T											_		
Ü	BLOCK B Year-End ue of As:	'n	\$100,001 - \$250,000																
	T TO SE	D.	\$250,001 - \$500,000																
	B Id	I	\$500,001 - \$1,000,000																
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		ے ر	\$5,000,001 - \$25,000,000																
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1			Over \$50,000,000				\top									<u> </u>			
7			NONE																
			DIVIDENDS														_	ı	
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	BLC 7.		CAPITAL GAINS					\dashv			_	_	 	 		<u> </u>	 - -		
	BLOCK C Type f Incom	T I	EXCEPTED/BLIND TRUST			1			<u> </u>		┢─	<u> </u>					_		
Name S	BLOCK C Type of Income		Other Type of Income (Specify)							:									
15 1		-	None														<u> </u>		
11	_	=	\$1 - \$200										ļ	<u> </u>			<u> </u>		
	BLOCK D Amount of Income	≡	\$201 ~ \$1,000																
1 p	וסנו	7	\$1,001 - \$2,500											ļ					
	17. P.	<	\$2,501 - \$5,000																
	BLOCK D	≤	\$5,001 - \$15,000														<u> </u>		
179	5 0	VII VIII	\$15,001 – \$50,000																
14,	Š	≦	\$50,001 - \$100,000														L		
141	ne	⊼	\$100,001 - \$1,000,000															_	
117 1		×	\$1,000,001 - \$5,000,000									L							
J├ 		×	Over \$5,000,000																
Page — of —	BLOCK E Transaction	ס, י	m φ.																

SCHEDULE IV— TRANSACTIONS

								NA		SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	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.	amount of the transaction exceeded \$1,000. Include transactions	
<u> </u>		 <u> </u>										PURCHASE		Trar
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	×		SALE		Type of Transaction
												EXCHANGE		tion
										10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
												\$1,001- \$15,000	8	
										×		\$15,001- \$50,000	ი	
												\$50,001- \$100,000	O	Am
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Name Show Congress, Fage of Congress, The Page of Congress, The Page of Congress, and the highest amount owed ed out); loans secured by automobiles, household furniture, or appliances; liabilities of a

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.

			JT OC,) 	
Sallie Mod	Congressional Jeobral Credit Union Overdraft Re	Example: First Bank of Wilmington, Delaware	Creditor		
unsecured loop	Overdoor Reson	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
X	X		\$10,001- \$15,000	œ	
			\$15,001- \$50,000	၁	
			\$100,000	0	
		×	\$100,001- \$250,000 \$250,001-	m	Amou
			\$500,000	TI	nt of I
			\$1,000,000	ا 5	Amount of Liability
	<u> </u>	 	\$5,000,000 \$5,000,001-	I H	¥
		-	\$25,000,000 \$25,000,001- \$50,000,000	<u>.</u>	
		-	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 \$134 or less need not be added towards the \$335 disclosure threshold. 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.

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

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

Name John County on On Page Lo

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

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Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DCChicagoDC	z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
ASSOCIBLIANT AMERICAN	JON 3 STORY	DC-NYC-OC	Z	γ	ح	Nowe
Ebb Bo Productions	JAWO 32	DTW - SAHt Lorre liky - b CA		工.	Z	Nave
Citronship Education fork	Jan 3-4	DIW-LGA - DIN	۷-	2	٢	NOWC "
Stid. National Neglical Bosoumy	Harah 1-2	Provided out transportation	Z-	٤	Z	
Student National Medical Assessment	Marla 22	DTU- NY-012	Z	Z	7	
185. and Physician by NEW Health Grayman	ی	BUI - OHRE - OTH	Y	Y	N	
Plan Regari Economic Armon Regats Campanign	Mr. 125-24	DTW-MPLS-DTW	\(\frac{1}{2} \)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N	
No. H. Association of Commun Oak Countries	May 2 - 3	DCA-NU-OCA	<u>C</u> -	-	Ż	
PESDICIONAL OF COMMUNION POR mauso	June 28	MU-Roseigh - Chross	Z,	<i>C</i> ,	2	
Houry Strumons Library Transmit	کیل مالال	DTW- KAISECLM-DCA-	Ť		Z	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

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spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

		City of Return	3€	3	Member Included (at sponsor's expense
				•	(T/N)	
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
_	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
I Coolibin to Himan droke	Dr.56	LCAT - HAMORY CT-OTU	Z,	<	كر	\ \
l	Dec. 12-13	DTW- NYC-OTW	<u> </u>	<>	N	
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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
	2 A

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