Yes No No	because	sactions, or liabilities of a spouse or dependent with the Committee on Standards of Official Con	d" income, tran irst consulted v	<b>EXEMPTION</b> —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.
Yes No		s of Official Conduct and certain other "excepted spouse, or dependent child?	e on standards	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?
ESTIONS	OF THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the es" response.	must be answeed for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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.
Yes No V		IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No N	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.
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.	8	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.	ĕ □	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 No		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	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.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
30 days late.	30 days late.	Termination Date:		Report Annual (May 15) Amendment
A \$200 penalty shall be assessed	A \$200 penalty	эr Employing Office:	Officer or Employee	Filer  Member of the U.S. State: M.A.  Status  House of Representatives District: 10
Coffice Use Only) - TATIVES	LEGISLATIONES  2009 KAY 15  White Contice Use	Daytime Telephone: 202, 225, 3111	Daytime 1	Name: William D. Delahunt
MAND EDWERED	差	Form A For use by Members, officers, and employees	MENT	UNITY STATES HOUSE OF REPRESENTATIVES CALÈNDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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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.

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			CAMEN WALTH	CITIZENS Quinc	JT 1st	1 1	SP, SP Me	Exclude: Your personal resider there is rental income); any debt or your spouse, or by you or your parent, or sibling; any deposits totaless in personal savings account interest in or income derive Government retirement programs. If you so choose, you may indicat or income source is that of your optional column on the far left.	each asset in the reporting threshold. F not self-directed, name account and its value period. For an active traded, state the name of its activities, and Block A. For additinstruction booklet.	Asset and/or Income Suduction of income with a fair mexceeding \$1,000 at the end of the receding \$1,000 at the end of the en	æ
			CONTINUENTED PLOND	¥ _	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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.	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.	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 retrement 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), provide the value and income information on	BLOCK A
					L			None	<b>&gt;</b>	ye ge	
I		ļ	ļ	ļ	_	ਡ	_	\$1 - \$1,000	₩	Indicate reporting method or please sp please sp eff an asse year and generated "None."	
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<u> </u>				<del>                                     </del>	┞	∺	_	\$15,001 - \$50,000	0	Value value year. other to becify the stress in the stress	
		ļ		<del> </del>	Ŀ	+	×	\$50,001 - \$100,000	<del></del>	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."	<u>p</u>
<b></b>			×	<del> </del>	×	+	-	\$100,001 - \$250,000	۵	of asset at close of f you use a valuation than fair market value, the method used.  sold during the reporting cluded only because it me, the value should be	BLOCK B
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<b></b>				<del>                                     </del>	-		$\dashv$	EXCEPTED/BLIND THOST		tha acc cho cho cho cho cho cho cho cho cho c	ô
				:		Royalties		Other Type of Income (Specify: For Example, Partnership In	ncome 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.	
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				×			I	\$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, including all IRAs, indicate the category of income box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	
								\$201 - \$1,000	=	irem ow you othe le the nds nds ''No erate	
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<b> </b>  _	4-4						1	Over \$5,000,000	<u>×</u>		
						(Jan. 1997)	S (partial)	See below for example.  P, S, E	If only a portion of an asset is sold, please indicate as follows: (S) (partial)	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	BLOCK E
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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 or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

Date(s) erce Mar. 2 Aug. 6–11		Examples:		「いっくづらごに	コスパウスドウ	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	77.00	200	7.00	72.00	77.00	72.00		77.00	
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## SCHEDULE VIII—POSITIONS

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Page S of S

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
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## 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