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Yes No	= - T	Filer Status Report Type Did you or your spec or more from any s. If yes, complete a pid any individual o you for a speech, al if yes, complete a Did you, your spous fir yes, complete a pid you.	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007 Edward L. Pastor (Full Name) Edward L. Pastor (Full Name) Filter House of Representative District: 4 Report Type Annual (May 15) Amendment Type PRELIMINARY INFORMATION ANSWER EACH OF THES Did you or your spouse have "earned" income (e.g., salaries or fees) or \$200 or more from any source in the reporting period? If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child readive "unearned" income of If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child readive "unearned" income of If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child readive "unearned" income of If yes, complete and attach schedule II. Did you, your spouse, or a dependent child readive "unearned" income of III. more than \$200 in the reporting period? Yes \(\) No	Pastor Pastor State: AZ District: 4 Charity in lieu of paying period? Charity in lieu of paying research version visual period? Charity in lieu of paying version visual vi		202-225-4065 (Daytime Telephone) Date: Da	THE SOURCE CE Y-4 PH 3: 3 Office Use 96(x) Office Use 96(x) Seesed again No Was Who Yes Who
Did you, your spouse, or 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. Did you, your spouse, or a dependent child have any reportable illability (more than \$10,000) during the reportable illability (more than \$10,000) during the reporting period? Yes \(\text{No} \) No \(\text{Schedule attach Schedule IX}. XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS 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 Exemptions- Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child	=		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.	worth Yes 🕢 No 🗌	i	y reportable positions on or before the date of r year? ste and attach Schedule VIII.	filling in the Yes 🕢 No 🗌
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. XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWET INSTEAD on Standards of Official trusts. Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official trusts meed not be disclosed. Have you excluded from this report details of such a trust benowing child? Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or lia	7	:	se, or dependent child purchase, sell, or exchang a transaction exceeding \$1,990 during the report and attach Schedule IV.	yes No		y reportable agreement or arrangement with an ite and attach Schedule IX.	Yes No
Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted Yes trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes Child? Have you excluded from this report any other assets, "unearmed" income, transactions, or liabilities of a spouse or dependent child	m <	ΧI .	or a dependent child have any reportable using the reporting period? I attach Schedule V. SPOUSE, DEPENDENT,	R TRUST INFORM	Each ques schedule a	tion in this part must be answere trached for each "Yes" response	ed and the appropriate e. ESTIONS
because they meet all three tests for exemption?		Trusts- Exemptions	Details regarding "Qualified Blind Trust trusts" need not be disclosed. Have you child? Have you excluded from this report any because they meet all three tests for exceptions.	approved by the Commit excluded from this report other assets, "unearmed" in applicant.	tee on Standards of C details of such a trus come, transactions,	Afficial Conduct and certain other "excepted benefiting you, your spouse, or dependent benefiting so a spouse or dependent child or liabilities of a spouse or dependent child	Yes

SCHEDULE I - EARNED INCOME

Name Edward L. Pastor

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Туре	Amount
US House of Representatives	Salary	\$163,709
AZ Elected Officials Retirement System	Pension	\$23,468
Isaac School District	Spouse Consulting Fees	\$14,888
AZ State Retirement System	Spouse Pension	\$35,600

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Name Edward L. Pastor

Page 3 of 7

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	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 assets 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), provide the value and income information on 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 your or your spouse's child, parent or sibling; any deposits totaling \$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 (SD) or deposit of this U.S.	Aviva Life & Annuity Co. (Formerly AmerUS Group Life		P AZ State Employees Federal Credit Union Accounts (Cash Only)	Chase Bank Certificates of Deposit	Chase Bank IRA (Cash Only)	Chicanos Por La Causa
Name coward the rasko	BLOCK B	Year-End 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 and is included only because it is generated income, the value should be "None."		\$15,001 - \$50,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$1,001 - \$15,000	\$1,001 - \$15,000
: ras:01	BLOCK C	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)		DIVIDENDS/ PREMIUMS PD	INTEREST	INTEREST	INTEREST	INTEREST	INTEREST
	BLOCK D	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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was samed.		\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$2,501 - \$5,000	\$201 - \$1,000	\$201 - \$1,000
lage sot 1	BLOCK E	Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.							

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Edward L. Pastor	Pastor		Page + of 7
	Congressional Federal Credit Union Account	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
дS	Nationwide Retirement Services (457 Plan not self directed)	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
ΤĽ	Residential Lot, Guadalupe, AZ	\$1,001 - \$15,000	None	N/A	
SP	RS Value Fund (Formerly Guardian Park Avenue Fund)	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
SP	T.I.A.AC.R.E.F. Pension Fund	\$50,001 - \$100,000	CAPITAL GAINS	\$2,501 - \$5,000	
	Thrift Savings Plan, Washington, DC	\$250,001 - \$500,000	CAPITAL GAINS	N/A	

SCHEDULE V - LIABILITIES

Name Edward L. Pastor

Page 5 of 7

the balance at the close of the preceding calendar year exceeded \$10,000. 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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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

SP, DC,	Creditor	Type of Liability	Amount of Liability
Ţ	Washington Mutual Bank, Milwaukee, WI	Mortgage on 1015 W Campbell Ave, Phoenix, AZ	\$50,001 - \$100,000
	Wells Fargo Bank, Des Moines, IA	Mortgage on 649 C St., #304, Washington, DC	\$50,001 - \$100,000
77	AZ State Employees Federal Credit Union	Home Equity Line of Credit on 1151 W Thomas Road, Phoenix, AZ	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Edward L. Pastor Page 6 of 7

spouse or dependent child that is totally independent of his or her relationship to you. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

					Was a Family	Days not at
Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Food? Member Included? (Y/N) (Y/N)	sponsor's expense
The Aspen Institute	Feb 20-25	Phx-Dallas-San Juan,PR- Dallas-Phx	Υ	~	Υ	None

SCHEDULE VIII - POSITIONS

Name Edward L. Pastor

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position Name of Organization
Member Congressional Hispanic Caucus Washington, DC
Member Congressional Hispanic Caucus Institute Washington, DC