	child Yes 🗀 No 🗹	Exemptions- 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.	, , i
	pted Yes □ No 🗹	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?	,
	STIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	ΕX
		If yes, complete and attach Schedule V. schedule attached for each "Yes" response	
	d and the appropriate	Did you, your spouse, or a dependent child have any reportable liability  Yes 🗹 No 🗍 Each question in this part must be answered and the appropriate	<u>.</u> <
		If yes, complete and attach Schedule IV.	 
	routside  Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable agreement or arrangement with an outside reportable asset in a transaction exceeding \$1,000 during the reporting Yes No VIX. entity?	₹.
		<b></b>	
	fling in the Yes No 🗸	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 Yes VIII. current calendar year?  The period?	≡.
		:	
	ble travel or than \$335 Yes 🔲 No 🕢	Did any individual or organization make a donation to charity in lieu of paying  Yes No VII. reimbursements for travel in the reporting period (worth more than \$335  from one source)?	<b>.</b> =
	ble gift in otherwise Yes 🔲 No 🗸	Did you or your spouse, or a dependent child receive any reportable gift in or more from any source in the reporting period?  Yes VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	.1
		PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	R
	more than 30 days late.	Report Type  Termination Date:  Type  Termination	. 🛪
	A \$200 penalty shalls be assessed against anyone who files	Filer Member of the U.S. State: IN Officer Or Employing Office:  Status Control of the U.S. State: IN Officer Or Employing Office:  Employee	(0 -
	(Office Use Only)	(Full Name) (Daytime Telephone)	
_	2009 MAY - 7 PM 1: 30	Andre Carson 202-225-4011 200	
	SIS AFFYE RESOURCE OF HE	die	
T	HAND DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 4 CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees	દ્ર⊆
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## **SCHEDULE I - EARNED INCOME**

Name Andre Carson

Page 2 of 4

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.

Marion County City-County Council Salary \$2,000  Cripe Salary \$8,000  MSD of Pike Township Spouse Salary \$55,000	Source	Туре	Amount
Salary of Pike Township Spouse Salary	Marion County City-County Council	Salary	\$2,000
Spouse Salary	;	Salary	\$8,000
	MSD of Pike Township	Spouse Salary	\$55,000

Public Employee Retirement Fund (not self directed	ING Savings Account	Hoosier Start (not self directed)	JT Hartford Group Investment	Chase Bank Savings Account	Asset and/or 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 (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.
\$1,001 - \$15,000 None	\$1,001 - \$15,000 INTEREST	\$1,001 - \$15,000 None	\$1,001 - \$15,000 DIVIDENDS	\$1,001 - \$15,000 INTEREST	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."
None	INTEREST	None	DIVIDENDS	INTEREST	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 the calendar year.
NONE	\$1 - \$200	NONE	\$1 - \$200	\$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 by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
					BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

## SCHEDULE V - LIABILITIES

Name Andre Carson

Page 4 of 4

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 the balance at the close of the preceding calendar year exceeded \$10,000.

	SP, DC, JT
Ed Financial	Creditor
Student Loan	Type of Liability
\$50,001 - \$100,000	Amount of Liability