

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HARRY E. MITCHELL

(Full Name)

480-966-0074

(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives
State: AZ District: 05

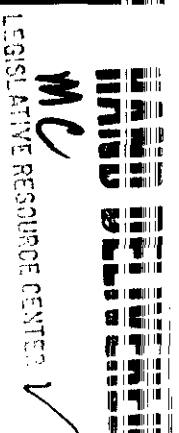
☐ Officer Or Employee
Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

2008 MAY 15 PM 3:35
(Office Use Only)



PRELIMINARY INFORMATION -- ANSWER EACH OF THESE 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

BLOCK A		BLOCK B		BLOCK C		BLOCK D		BLOCK E	
Asset and/or Income Source		Year-End Value of Asset		Type of Income		Amount of Income		Transaction	
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.		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."		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.		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.		Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	
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.									
	ARIZONA ELECTED OFFICIALS RETIREMENT PLAN (NOT SELF DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000					
SP	ARIZONA STATE RETIREMENT SYSTEM (NOT SELF DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000					
	ARIZONA STATE RETIREMENT SYSTEM (NOT SELF DIRECTED)	\$100,001 - \$250,000	RETIREMENT	\$15,001 - \$50,000					
JT	FEDERATED AUTOMATED CASH MGMT TRUST	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	PS&E				
JT	FEDERATED HIGH INCOME BOND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200					

SCHEDULE III ASSETS AND "LINEARIZED" INCOME

Name: **HARRY E. WITCZELL**

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JT	FEDERATED INT'L HIGH INCOME	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
JT	FEDERATED INT'L VALUE	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	FEDERATED MARKET OPPORTUNITY	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
JT	FEDERATED STRATEGIC VALUE	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	MASSACHUSETTS MUTUAL LIFE (WHOLE LIFE CASH VALUE POLICY)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	MASSACHUSETTS MUTUAL LIFE (WHOLE LIFE CASH VALUE)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	RYDEXINVESTMENTS 827-INVERSE S&P 500 2X STRATEGY-C	None	CAPITAL GAINS	\$1,001 - \$2,500	S
JT	RYDEXINVESTMENTS US GOVT MONEY MARKET-C	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
JT	TEMPE SCHOOLS CREDIT UNION	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV TRANSACTIONS

Name HARRY E. MITCHELL

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	865-COMMODITIES STRATEGY-C (SOLD AT A LOSS)	S	10-07-08	\$1,001 - \$15,000
JT	FEDERATED AUTOMATED CASH MGMT TRUST SS	PS&E	10-01-08	\$15,001 - \$50,000
JT	FEDERATED AUTOMATED GOV MONEY TRUST	P	10-01-08	\$15,001 - \$50,000
JT	FEDERATED INT'L HIGH INCOME-C	P	VARIOUS	\$1,001 - \$15,000
JT	RYDEXINVESTMENTS 810 US GOVT MONEY MRKT-C	P	01-07-08	\$1,001 - \$15,000
JT	RYDEXINVESTMENTS 825-S&P 500 2X STRATEGY-C (SOLD AT A LOSS)	S	VARIOUS	\$15,001 - \$50,000
JT	RYDEXINVESTMENTS 827-INVERSE S&P 500 2X STRATEGY-C (SOLD AT A GAIN)	S	VARIOUS	\$15,001 - \$50,000
JT	RYDEXINVESTMENTS US GOVT MONEY MARKET-C	P	VARIOUS	\$15,001 - \$50,000

SCHEDULE VIII POSITIONS

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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	COMPADRE HIGH SCHOOL ADVISORY BOARD
MEMBER	TEMPE/KYRENE COMMUNITIES IN SCHOOLS BOARD
MEMBER	JOBBS FOR ARIZONA GRADUATES BOARD
MEMBER	CHILDSPLAY BOARD OF TRUSTEE
MEMBER	MCC PROPERTY INVESTMENTS, LLC

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule IV	WAS EXCHANGED FOR FEDERATED AUTOMATED GOV MONEY TRUST (this investment only had \$5.69 in income for 2008 so it had not reporting requirement on sch I)	FEDERATED AUTOMATED CASH MGMT TRUST SS
2	Schedule III	BOTH MASSACHUSETTS MUTUAL LIFE ARE WHOLE LIFE CASH VALUE POLICIES	MASSACHUSETTS MUTUAL LIFE
3		THIS FUND WAS HELD LAST YEAR. HOWEVER, IT DID NOT HAVE INCOME FOR 2008 AND THE VALUE WAS UNDER \$1,000.	FEDERATED KAUFMAN FUND
4		THIS FUND WAS HELD LAST YEAR. HOWEVER IT HAD NO INCOME FOR 2008 AND THE VALUE WAS UNDER \$1,000.	FEDERATED INT'L SMALL-MID COMPANY