	more than 30 days late.	Termination Date:	Ternination	Amendment	Annual (May 15)	Report Type
	be assessed against anyone who files		Employee	statives District: 01	s House of Representatives	Status
	A \$200 penalty shall	Employing Office:	Officer Or	State: LA	[<	Filer
	(Office Use Only)	(Daytime Telephone)		(Full Name)	()	
HO	-	504-736-0946		Stephen Joseph Scalise	Stephen	
ਨੂੰ ਵ	20.23					
7		For use by Members, officers, and employees		ENT FOR CALENDAR YE	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FINANC
		FORM A Page 1 of 7	 !	OF REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES	UNITE
西	SELVERED					,

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Yes No Z	,	al Conduct and certain other "excepted nefiting you, your spouse, or dependent	nmitte port d	e Con	om the	ed fro	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Offici trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?	
		ATION ANSWER EACH OF THESE QUESTIONS	MA	뎣	Z	JST	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	Ð
l		schedule attached for each "Yes" response.	-				if yes, complete and attach Schedule V.	
opr	appı	Each question in this part must be answered and the appropriate		Yes 📝 No 📋	K,		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 IX.		į	 	\ \ \	If yes, complete and attach Schedule IV.	
[_]	Yes No V	Did you have any reportable agreement or arrangement with an outside IX. entity?		Yes No		Yes	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 VIII.	 	 		 	If yes, complete and attach Schedule III.	
[<]	Yes V No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?		Yes Y No	[<]	Yes.	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?	H .
		If yes, complete and attach Schedule VII.			İ		If yes, complete and attach Schedule II.	
ĹĴ	Yes No	Did you, your spouse, or a dependent child receive any reportable travel or VII. relimbursements for travel in the reporting period (worth more than \$305 from one source)?		Yes No	[j		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?	II.
 		If yes, complete and attach Schedule VI.	ļ 	 			If yes, complete and attach Schedule I.	
	Yes 🗀 No 🖨	Uid you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise example)		Yes 🗸 No 🗌	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?	1,
			1		ŀ			

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?

Yes

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SCHEDULE I - EARNED INCOME

Name Stephen Joseph Scalise

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
Louisiana House of Representatives	Salary	\$3 <u>2,2</u> 36
Diamond Data Systems	Salary	\$23,141.50
Eventure Technologies	Salary	\$28,041.36
Systems Integration & Management	Spouse Salary	\$16,829.03

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that of your spouse (SP) or dependent child (DC) or is jointly held (JT), If you so choose, you may indicate that an asset or income source is parent or sibling; any deposits totaling \$5,000 or less in personal that is not publicly traded, state the name of the business, the nature of a fair market value exceeding \$1,000 at the end of the reporting period, identify (a) each asset held for investment or production of income with Government retirement programs. savings accounts; any financial interest in or income derived from U.S. debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more in the optional column on the far left. information, see the instruction booklet. its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and Asset and/or income Source ी 10 Year Compound) 3 Year Compound JH Pimco Real Retuen Capital One JH Pimco Total Return Mutual Savings & Loan \$1,001 - \$15,000 None \$1,001 - \$15,000 None \$1,001 - \$15,000 \$1,001 - \$15,000 None \$250,000 \$100,001 it is generated income, valuation method other year. If you use a at close of reporting \$1,001 - \$15,000 INTEREST the value should be included only because asset was sold and is method used. If an please specify the than fair market value, Value of Asset Year-End Name Stephen Joseph Scalise **BLOCK B** None calendar year. If other apply. Check "None" if Check all columns that Partnership income or block. (For example: a brief description in this categories, specify the than one of the listed any income during the asset did not generate type of income by writing NTEREST Type of Income BLOCK C NONE NONE NONE NONE \$1 - \$200 checking the appropriate category of income by you to choose specific accounts that do not allow \$5,001 - \$15,000 other assets, indicate the For retirement plans or "None" if no income was If reinvested, should be box below. Dividends, even "NA" for income. For all isted as income. Check investments, you may write Amount of Income BLOCK D exceeding (P), sales (S), or reporting year. \$1,000 in exchanges (E) had purchases Indicate if asset Transaction BLOCK E Page 3 of 7

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	Stephen Joseph Scalise	
500 Index Fund	\$1,001 - \$15,000	None	NONE
JH Lord Abbett All Value	\$1,001 - \$15,000	None	NONE
JH Lord Abbett Mid Cap Value	\$1,001 - \$15,000	None	NONE
JH DWS RREEF Real Estate	\$1,001 - \$15,000	None	NONE
JH Jennison Growth	\$1,001 - \$15,000	None	NONE
JH Templeton Foreign Small Co	\$1,001 - \$15,000	None	NONE
JH Energy	\$1,001 - \$15,000	None	NONE
JH American Century Small Co	\$1,001 - \$15,000	None	NONE
JH Franklin Small-Mid Growth	\$1,001 - \$15,000	None	NONE
JH T. Rowe Price Helath Sci	\$1,001 - \$15,000	None	NONE
Black Rock Bond Fund Ai	\$1,001 - \$15,000 None	None	NONE
Alliance Bernstein Large-Cap Growth Fund	\$1,001 - \$15,000	None	NONE
Black Rock International Fund Class A	\$1,001 - \$15,000	None	NONE
Black Rock Value Opportunities Fund Class A	\$1,001 - \$15,000 None	None	NONE

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CHEDULE III -	
- ASSETS AND "	
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"UNEARNED"	
INCOME	
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Amer FDS Capital World Gro & One America Asset Director PIMCO Total Return(Q4) Black Rock Large Cap Core FD A Stable Asset Fund II **Lord Abbett Developing Growth** Allianz NFJ Small Cap Value T Rowe Price Growth Stock T Rowe Price Equity Income Franklin Strategic Income AUL Fixed Account(12) ML Bank USA RASP \$1,001 - \$15,000 None \$1,001 - \$15,000 None \$1 - \$1,000 \$1 - \$1,000 \$1,001 - \$15,000 None \$1,001 - \$15,000 None \$1 - \$1,000 \$1 - \$1,000 \$1,001 - \$15,000 None \$1,001 - \$15,000 None \$1,001 - \$15,000 None \$1,001 - \$15,000 None ephen Joseph Scalise None Page 5 of 7

Name Stephen Joseph Scalise

Page 6 of 7

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 7,0,4 ş Regions Creditor Revolving charge account Type of Liability \$10,001 - \$15,000 **Amount of Liability**

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SCHEDULE VIII - POSITIONS

Name Stephen Joseph Scalise

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 entitles; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Principal	Scalworth, LLC