PRELIMINARY INFORMATION --EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? If yes, complete and attach Schedule IV. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell income of more than \$200 in the reporting period or hold any If yes, complete and attach Schedule I. Name: HOWARD L. BERMAN If yes, complete and attach Schedule III. reportable asset worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. reporting period? II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the I. Did you or your spouse have "earned" income (e.g., salaries (fees) of \$200 or more from any source in the reporting period? **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES yes, complete and attach Schedule V. Report Type Status Filer House of Representatives Member of the U.S. Annual (May 15) State: District: ANSWER EACH OF THESE QUESTIONS Amendment Yes Yes Yes X Yes Yes Daytime Telephone: 202- 225- 1695 <u>₹</u> 8 <u>₹</u> <u>Z</u> Z 0 Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VIII of filing in the current calendar year? than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. If yes, complete and attach Schedule VII period (worth more than \$335 from one source)? VII. Did you, your spouse, or a dependent child receive any VIII. Did you hold any reportable positions on or before the date reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees VI. Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response. **Employing Office** Each question in this part must be answered and the Termination Form Termination Date: 1979 JUL 13 PM 3: 16 against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELIVERED 831830 3086, 33,15,1 (Office Use:Only) Yes Yes Yes Yes Yes Yes Z No X No C N_O ĕ Y S s X

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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.

Figurials: Military nay (such as National Guard or Reserve nay) federal retirement programs and handlife received under the social security and

Source	Type Am	Amount
	Approved Teaching Fee	\$6,000
Reelle State	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State of California	Legislature romain \$ 5,406.	12.406.53

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source Source	Activity	Date	Amount
Jane			

Concusan Water Under	SP Washington Mutual Bush	Principal amajory		Examples:	SP, Mega Corp. Stock	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 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.	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	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 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).	BLOCK A Asset and/or Income Source
X X X X X X X X X X		XX	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	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."	BLOCK B
**	X	× ×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income of	or Farm 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.	BLOCK C
× ×		×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- =	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even it reinvested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK D Amount of Income
500		Mid P.	1		S (partial)	as follows: (S) (partial) See below for example. P. S. E	If only a portion of an asset is sold, please indicate	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	BLOCK E Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name HOWARD L. BERNAN Page 6 of 15

Continuation Sheet (if needed)			
Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name HowARD L. BERMAN Page 2 of 5

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name HOWARDL BERMAN Page 8 015

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name HowAR9 L BENNAU Page 9 of 15

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Name HOWARD L. BERMM Page 10 of 15

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Name HOWARD L BERMAN Page 11 of 15

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SCHEDULE IV— TRANSACTIONS

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Year.	du		dum										<u> </u>		-	-		\$5,000,000 \$5,000,001-	<u> </u>	ction
>	2	-	The second			-							-		-	-		\$25,000,000 \$25,000,001 \$50,000,000	د	-
			Ĭ									,						Over \$50,000,000	*	

SCHEDULE V— LIABILITIES

Name HOWARD L BERMAN Page 13 of 15

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit 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 it is rented out), loans secured by automobiles, household furniture, or appliances; liabilities of a

	_			
		SP, DC, JT		
love	Example:			
	First Bank of Wilmington, Delaware	Creditor		
	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		\$10,001- m \$15,000		
		\$15,001- \$50,000		
		\$50,001- \$100,000		
	×	\$100,001- \$250,000 m		
		\$250,001- \$500,000 TO		
		\$100,001- \$250,000 m \$250,001- \$500,000 n \$1,000,000 n \$1,000,001-		
		\$1,000,001- \$5,000,000 = \$ \$5,000,001-		
		\$25,000,000		
	<u> </u>	\$50,000,000		
		\$50,000,000		

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

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			More	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
				Silver Platter (determination on personal friendship received from Committee on Standards)	Description	3. 10. (10.000 1. 10. 10. 10. 10. 10. 10. 10. 10
İ	*			\$345	Value	

Name
HOWARD
L.,
BERMAN

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

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.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	Υ	Υ	2 Days
The anen dulitat	5/26-6/1	DC-Rome-DC	17	7	7	•
The Assen Southfule	8/17-sh3	LA-Pain-LA	7	٦-	4	
	,	•				

SCHEDULE VIII—POSITIONS

Name HOWARD L. BERMAN

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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
The	

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	
			More	Parties To	
				Terms of Agreement	