PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> 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? 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. 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? If yes, complete and attach Schedule I. Name: **EXEMPTION**—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. If yes, complete and attach Schedule IV. \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. income of more than \$200 in the reporting period or hold any **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. UNITED STATES HOUSE OF REPRESENTATIVES III. Did you, your spouse, or a dependent child receive "unearned 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 Status Report Type Filer Kush HIT Annual (May 15) Member of the U.S. House of Representatives District: State: **ANSWER EACH OF THESE QUESTIONS** Amendment Yes / Yes 🗸 Yes Yes Yes < Daytime Telephone: N_O <u>Z</u> 8 <u>Z</u> **2** Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII VII. Did you, your spouse, or a dependent child receive any period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. reportable travel or reimbursements for travel in the reporting than \$335 and not otherwise exempt) reportable gift in the reporting period (i.e., aggregating more If yes, complete and attach Schedule VI. For use by Members, officers, and employees VIII. Did you hold any reportable positions on or before the date Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" Employing Office: Each question in this part must be answered and the Termination (28) 225-58 Form A fermination Date: against anyone who files more than A \$200 penalty shall be assessed 2000 257 15 11 2:18 30 days late. The second second second second HAND DELIVERED (Office Use Only) Yes Yes Yes Yes Yes response 7 8 8 <u>Z</u> <u>Z</u> 8 Ş

Name
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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Secu	urity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
e (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
University Medical Center at Princeton	Sponse salary	ZA
	0	

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.

		Examples:										
	A	_										
1		Association of American Associations, Washington DC										
Source	Source	ciations, Washingto		!								
	3	on DC										
					E.							
		Speech										
Activity	Activity			1		c C						
1.			4									
		Feb. 2, 2008										
ate	Date	800										
	ate Amount		\dashv									

Rental House (Pennington) Rental Cabins (Ausable Forts)	SP Mega Corp. Slock DC. Examples: Simon & Schuster JT WA CLOVIK & Bank of Paducah, KY Accounts TT WA CLOVIK & Bank TT Ctizens/Community Bank	each asset in the account that exceeds the 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 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.	T
×	X X Indefinite X	\$1 - \$1,000	BLOCK B Value of Asset 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."
	X Royalties	RENT INTEREST	BLOCK C 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 calendar year.
XX	× ×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	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.
	o (pai uai)	por ass ples as 1 (See exa	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rush D. Holt

SP.	SP, DC,	JT DC			-			25	95	95	20	93	95	35	95	95			ĺ			
Asset and/or Income Source			Vanquard Windsor Rayens	TIAA Tradi Fund		Freelich Land Trust	0,7	Fidelity Majellan IRA	TIAA Tradytional Fund	Stock	TIAA IRA	Fldelity Contractural 403/	ar	Fidelity Asset Mar. "	Prudentlal medien "	hare (Ami						
<u> </u>		None		ļ_	_	~		-	ļ		•	6)	_				ļ					<u> </u>
		\$1 - \$1,000		 -	_	-		ļ	 					ļ		-	<u> </u>		ļ	,		 -
0		\$1,001 - \$15,000		-	-	┼			├		×	ļ 	×				╁		 			-
		\$15,001 - \$50,000		+	\vdash	-	+	×	 			_	1	×	×	-	-	\vdash	ļ		\vdash	-
Year-End Value of Asset		\$50,001 - \$100,000	×	X	_	-	+	-	×			×	\vdash			\vdash	╁	-	-	-		+-
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		\$5,000,001 - \$25,000,00	\vdash	┼	+	-	+	1	-				<u> </u>	<u> </u>		\vdash	╁	<u> </u>			\vdash	+
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		DIVIDENDS	^	+	+	×		-	-	 -	×	×	×	^			├-		<u> </u>		 	╁
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Type Income	INUST	EXCEPTED/BLIND 1110		┼	+			 	 				 	├		77	<u> </u>		<u> </u>			-
ē	ne	Other Type of Income (Specify)														Farm inco						
	_	None			×			×		X		· .				ò			<u> </u>			
=		\$1 – \$200	Ш			_							<u></u>			igsqcup	<u> </u>		<u></u>		<u> </u>	
Amount of Income		\$201 - \$1,000			4_	<u>></u>	1	_	<u> </u>		X	ļ	×		×	Ш	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		<u> </u>		<u> </u>	_
₹ 2		\$1,001 - \$2,500	X		<u> </u>	↓_	1	_	_	<u> </u>		×				\bigsqcup	<u> </u>		<u>L</u> _			
		\$2,501 - \$5,000	Ш		1	_		<u> </u>	ļ				<u></u>	\times				ļ	<u> </u>		<u> </u>	
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						SP Fidelity Asset Mar. (reinvest div.)	SP TIAA Traditional Fund (")	TIAA Traditional Found (reinvest int)	Vanguard Windsor Retrement (reinvert div.)		SP, DC, JT Asset	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.	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks hands commodities full trops or other securities when the	SCHEDULE IV— TRANSACTIONS
						×	×	×	×			PURCHASE	of Tr	
										×		SALE	Type of Transaction	
												EXCHANGE	tion	
						7	17		quartery	10-12-08		(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date	Name
		r				×	×	×	×			\$1,001- \$15,000		Rus
										×		\$15,001- \$50,000		75
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												\$250,001- \$500,000		
												\$500,001- \$1,000,000	Transaction	
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												\$5,000,001- \$25,000,000	9	Page_
												\$25,000,001- \$50,000,000		of
												Over \$50,000,000		2

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SCHEDULE V— LIABILITIES

Name

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

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

	 	_	7	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	!
	NA	Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

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 spouse or dependent child that is totally independent of his or her relationship to you.

Aspen Institute Congrustional Prayam may 26-Jun Examples: Roycroft Corporation Chicago Chamber of Commerce Aug. 6-11 Date(s) Mar. 2 Newark-Rome - Newark DC—Los Angeles—Cleveland City of Departure—Destination— City of Return DC—Chicago—DC Lodging? (Y/N ≺ z Food? z Was a Family Member Included? **₹** ≺ z Number of days <u>not</u> at sponsor's expense 2 Days SAS None

SCHEDULE VIII—POSITIONS

Name RUSH D. +61+

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proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States. 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-

zanons), and positions solely of all horizing hattie.	iorioral y rialure.
Position	Name of Organization
Board of Trutees	McCarter Theater (part of 2008)
-	Family and Children Services
2	Monney Parenthood of Morrer Area
 H	Population Resource Center

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	
		NA	Parties To	
			Terms of Agreement	