

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2008 FINANCIAL DISCLOSURE STATEMENT**  
**For 2007 Calendar Year Reporting Period**

Form A  
 For use by Members, officers, and employees

**HAND  
 DELIVERED**

LEGISLATIVE RESOURCE CENTER

2008 MAY 15 PM 2:27

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

(Full Name)

(Daytime Telephone)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Idaho</u>	District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

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

**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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 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 \$305 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 a 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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**

<b>TRUSTS</b> —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"/>
<b>EXEMPTION</b> —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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 2 of 7

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Thomas P. Latham

Page 3 of 7

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset							BLOCK C Type of Income				BLOCK D Amount of Income						BLOCK E Transaction
<p>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 source 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.</p> <p><b>Exclude:</b> 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.</p> <p>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.</p>			<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>							<p>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.</p>				<p>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 received.</p>						<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
			A	C	E	G	I	K	NONE	RENT	CAPITAL GAINS	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	III	V	VII	IX	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	
SP		SP	Mega Corp. Stock																	
DC, Examples:			Simon & Schuster			X														
JT			1st Bank of Paducah, KY Accounts																	
JT			Moderman Farm 11027 A				X													
JT			Lathimer Farm 93.7 A				X													
JT			Blom Farm																	
JT			Alexander, IA 76.5 A				X													

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas P. Latham

Page 4 of 2

BLOCK A		BLOCK B						BLOCK C				BLOCK D						BLOCK E
Asset and/or Income Source		Value of Asset						Type of Income				Amount of Income						Transaction
		A	C	E	G	I	K	NONE	RENT	CAPITAL GAINS	Other Type of Income (Specify)	I	III	V	VII	IX	XI	P, S, E
SP,																		
DC,																		
JT																		
	401K Pension Plan	None																
	American Funds																	
	Individual Retirement Acct																	
	Smith Barney Fundamental																	
	Value Fund CL-C																	
	First Citizens Nat'l Bank			X														
	Clarion, Iowa																	
	Green Circle Investments Inc					X												
	Common Stock - Bank																	
	Holding Co. For Peoples																	
	Trust & Savings Bank																	
	Adel, Iowa																	
	Congressional Federal																	
	Credit Union																	
	Peoples Trust & Savings Bank																	
	Adel, Iowa																	

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Thomas P. Latham

Page 5 of 7

Continuation Sheet (if needed)

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
SP, DC, JT		A None	C \$1,001 – \$15,000	E \$50,001 – \$100,000	G \$250,001 – \$500,000	I \$1,000,001 – \$5,000,000	K \$25,000,001 – \$50,000,000	NONE	RENT	CAPITAL GAINS	Other Type of Income (Specify)	I None	III \$201 – \$1,000	V \$2,501 – \$5,000	VII \$15,001 – \$50,000	IX \$100,001 – \$1,000,000	XI Over \$5,000,000	P S W
	Latham Seed Co. 1/3 Interest							X				X						
	Common Stock, Seed Sales																	
	Alexander, Iowa																	
	Farm Buildings								X									
	Alexander, Iowa																	
	DTB Farms, LLC										Partnership							
	Farm Operation Partnership																	
	Alexander, Iowa																	
	Latham Farms, LLC				X						Partnership				X			
	Farm Operation Partnership																	
	Alexander, Iowa																	
	Smith Barney Municipal		X															
	Money Market FID-CL-A																	

# SCHEDULE V— LIABILITIES

Name

Thomas P. Latham

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability					
			C \$15,001- \$50,000	E \$100,001- \$250,000	G \$500,001- \$1,000,000	I \$5,000,001- \$25,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		X				
	Peoples Trust & Savings Bank	Unsecured		X				
	Adel, Iowa							

# SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$305 received by you, your spouse, or a dependent child from any source during the year. **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 \$122 or less need not be added towards the \$305 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
N/A		

# **SCHEDULE VIII—POSITIONS**

Name Thomas P. Latham

Page 2 of 2

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 other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
Consultant	Latham Seed Co., Alexander, Iowa

# **SCHEDULE IX—AGREEMENTS**

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		