FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007 UNITED STATES HOUSE OF REPRESENTATIVES Report Type Status Filer (V) Annual (May 15) < House of Representatives Member of the U.S. ROBERT BROWN ADERHOLT (Full Name) Amendment State: District: 4TH ₽ Termination Officer Or Employee For use by Members, officers, and employees Termination Date: FORM A Employing Office. (Daytime Telephone) 202-225-4876 Page 1 of 6 LEGISLATIVE RESOURCE CENTER S. HUUSE OF THE STATE A \$200 penalty shall 2000 MAY 15 PM 5: 27 more than 30 days anyone who files be assessed against HAND DELIVERED

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|----|--|--|--|--|-----------------------|--|---------|
| פַ | RELIMINARY   | INFORMATION -  | PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS   | OF THESE Q                                   | )UES                  | IONS   |         |
| -  | Did you or your spou<br>or more from any so                              | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?   | g., salaries or fees) of \$200   | Yes 🗌 No 🗸                                   | .≤<br># ₽             | 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  | 3 6     |
|    | If yes, complete a   | If yes, complete and attach Schedule I.  |  |  | <b>#</b> 8            | If yes, complete and attach Schedule VI.   |         |
| =  | Did any individual or<br>you for a speech, ap                            | Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?   | 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?  | Yes No 🗸                                     | ≨<br>frei Di          | 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)?   | - F = 1 |
|    | If yes, complete a   | If yes, complete and attach Schedule II.   |  |  | <u></u> = 5           | If yes, complete and attach Schedule VII.  |         |
| Ħ  | Did you, your spouse<br>more than \$200 in the<br>more than \$1,000 at 1 | 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? | ve "unearned" income of<br>y reportable asset worth  | Yes 🗸 No                                     | VIII. cu              | Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?  |         |
| 1  | 7  |  |  |  | 3                     | il Jes, complete and attach concount will.   |         |
| ₹  | Did you, your spouse reportable asset in a period?                       | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?                                      | ny   | Yes No                                       | IX. entity?           | Did you have any reportable agreement or arrangement with an outside entity?   |         |
|    | If yes, complete a   | If yes, complete and attach Schedule IV.   |  |  | <b>=</b>              | If yes, complete and attach Schedule IX.   |         |
| <  | Did you, your spouse<br>than \$10,000) during                            | Did you, your spouse, or a dependent child have than \$10,000) during the reporting period?  | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?   | Yes No                                       | m                     | Each question in this part must be answered and the appropriate  |         |
|    | if yes, complete a   | If yes, complete and attach Schedule V.  |  |  | SC                    | schedule attached for each "Yes" response.   |         |
| Œ  | CLUSION OF   | SPOUSE, DEPI   | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE   | IST INFORMA                                  | MOLE                  | ANSWER EACH OF THESE QUESTIONS   |         |
|    | Trusts-  | Details regarding "Quatrusts" need not be dischild?  | ified Blind Trusts" approving the control of the co | ved by the Committe<br>ed from this report d | ee on St<br>details o | 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? |         |
|    | Exemptions   | Have you excluded from because they meet all t   | Have you excluded from this report any other ass<br>because they meet all three tests for exemption?   | sets, "unearned" inc                         | come, tr              | 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?   |         |

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| s x ve a e e me   | Commercial Bldg - Hwy 5 \$250,001 - Rent \$5,001 - \$15,000 South Haleyville AL | Com Stk - Ivax Corp/TEVA None Capital Gains \$2,501 - \$5,000 Pharmaceuticals | SP Beaver Dam Farm Inc \$1,001 - \$15,000 Other: Farm \$5,001 - \$15,000 Income | SP 65 Acres Land - Greenbrier \$100,001 - Rent \$2,501 - \$5,000<br>Farms/McDonald Farms \$250,000 | JT 6207 30th Street North \$500,001 - Rent \$1,001 - \$2,500 Arlington, VA 22207 \$1,000,000 | 60 Acres Land - Hoggleridge \$15,001 - Other: Coal NONE Haleyville AL \$50,000 Royalties | 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. | Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by 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. | Asset and/or income Source  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 land, provide a complete address. Provide full names of stocks and land, provide a complete address. Provide full names of stocks and the regulation method other in which you have the power, even if not exercised, to select the specific investments), provide the value and income information and its value at the end of the reporting threshold. For an active business that is not publicly traded, state the name of the business, then a turn of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Year-End  Value of Asset  Value of Asset  Accoumts that close of reporting at close of reporting any income during the year. If other than one of the listed categories, specify the deategories, specify the category of income by writing asset and its included only because than fair market value, plans on each asset included only because a brief description in this block. (For example: it is generated income, the investments plans or eliming the year. If other than one of the listed categories, specify the category of income by writing asset did not generate any income during the categories, specify the categories, specify the category of income by checking the appropriate box below. Dividends, even listed was cold and is included only because a brief description in this box below. Dividends, |
|---|---|---|---|--|--|--|--|---|--|
| Transaction Indicate if asset had purchases iffic (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.  Driate the dbe heck e was  OOO  S  Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.  S  OOO  S  S | 5,000   |   | 5,000   | ,000   | ,500   |  |  |   | 5 ° 0  |

| SCHĖDUL | SCHÉDULE III - ASSETS AND "UNEARNED" INCOME | Name                    | ROBERT BROWN ADERHOLT |                    | Page 3 of 6 |
|---------|---|-------------------------|-----------------------|--------------------|-------------|
|         | Common Stock - Alliance<br>Capital          | \$1,001 - \$15,000      | Dividends             | NONE               |             |
|         | Common Stock - American<br>Movil S A        | \$1 - \$1,000           | Dividends             | \$201 - \$1,000    |             |
|         | Common Stock - Glaxosmith Kline             | \$1,001 - \$15,000      | Dividends             | \$201 - \$1,000    |             |
|         | Common Stock - H & Q<br>Healthcare          | \$1,001 - \$15,000      | Capital Gains         | \$201 - \$1,000    |             |
| Ţ       | Common Stock - Navistar<br>International    | \$1,001 - \$15,000      | Dividends             | NONE               | i.          |
|         | Common Stock - Oppenheimer & Co             | \$1 - \$1,000           | Dividends             | \$1 - \$200        |             |
|         | Common Stock - Prime Cash<br>Series         | \$1,001 - \$15,000      | Dividends             | NONE               |             |
|         | Common Stock - Telefonos De<br>Mexico       | \$1 - \$1,000           | Dividends             | \$1 - \$200        |             |
| SP      | Congressional Federal Credit Union          | \$1 - \$1,000           | Interest              | NONE               |             |
|         | Congressional Federal Credit Union          | \$1 - \$1,000           | Interest              | NONE               |             |
| SP, DC  | Greenbrier Enterprises LLC                  | \$50,001 -<br>\$100,000 | Rent                  | \$5,001 - \$15,000 |             |
|         | IRA - New York Life Insurance               | \$1,001 - \$15,000      | Intererst             | N/A                |             |
|         | IRA - NY Life Securities Inc                | \$50,001 -<br>\$100,000 | Dividends             | N/A                |             |
|         | IRA - Traders & Farmers Bank                | \$1,001 - \$15,000      | Interest              | N/A                |             |

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME ٦ DC SP Superior Bank Traders & Farmers Bank Traders & Farmers Bank Traders & Farmers Bank \$1,001 - \$15,000 | Interest \$1,001 - \$15,000 Interest \$1 - \$1,000 \$1 - \$1,000 Name ROBERT BROWN ADERHOLT Interest Interest NONE NONE \$1 - \$200 \$1 - \$200 Page 4 of 6

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## . SCHEDULE IV - TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Page 5 of 6

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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

| SP,<br>DC,<br>JT | Asset                                    | Type of Transaction | Date       | Amount of Transaction |
|------------------|--|---------------------|------------|-----------------------|
|                  | Com Stk - Ivax Corp/TEVA Pharmaceuticals | S                   | 04-01-2007 | \$1,001 - \$15,000    |

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## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name ROBERT BROWN ADERHOLT Page 6 of 6

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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 reimbursed or paid directly by the 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

| SourceDate(s)Point of Departure—Destination—Point of ReturnLodging? Food? (Y/N)Was a Family (Y/N)Days not at Sponsor's (Y/N)The Heritage FoundationFeb 1 - 3<br>Washington DCWashington DC - Baltimore - Washington DCYYNNoneInternational FoundationMay 25 - Bulgaria - Belgrade, Serbia -Bulgaria - Belgrade, Serbia -YYNNone |                          |                |  |           |          |                               |             |
|---|--------------------------|----------------|--|-----------|----------|-------------------------------|-------------|
| Date(s)DestinationPoint of Return(Y/N)(Y/N)(Y/N)Feb 1 - 3Washington DC - Baltimore -YYNMay 25 -Washington DC - Sofia,<br>Bulgaria - Belgrade, Serbia -YYN   |                          |                | Point of Departure   | l odaina? | E0042    | Was a Family Member Included? | Days not at |
| Feb 1 - 3 Washington DC - Baltimore - Υ Υ Ν  Washington DC  May 25 - Washington DC - Sofia, Υ Υ Ν  Bulgaria - Belgrade, Serbia -  | Source                   | Date(s)        | DestinationPoint of Return   | (Y/N)     | (Y/N)    | (Y/N)                         | expense     |
| May 25 - Washington DC - Sofia, Y Y N 30 Bulgaria - Belgrade, Serbia -  | The Heritage Foundation  | Feb 1 - 3      | Washington DC - Baltimore -<br>Washington DC                             | Υ         | 7        | Z                             | None        |
| Washington DC   | International Foundation | May 25 -<br>30 | Washington DC - Sofia,<br>Bulgaria - Belgrade, Serbia -<br>Washington DC | ~         | <b>~</b> | Z                             | None        |