Yes No	child because iduct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	y" income, trans	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.
Yes X No	I trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
UESTIONS)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	8 ⊠	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 No X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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 No X	or before the date	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.	× ×	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 No	d receive any n the reporting		No	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 No X	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.		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? Yes X
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penal against anyor 30 days late.	or Employing Office: Be Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: (7a) House of Representatives District: (//th) Report Type Annual (May 15) Amendment
LEGISLATIVE RESOURCE CENTER 2009 MAY 18 PM 5: 52-MC OFFICE OF THE SUPPLY OF THE SUPP	LEGISLATIVE 2009 MAY GFF104 of	Daytime Telephone: イタス マスミー160 5	Daytime T	Henry C"Hank Johnson, de
HAND DELIVERED	HANDE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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Name Henry C. "Hank" Johnson J Page 3 0

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.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and because the second s	benefits received under the Social Security Act.	curity Act.
Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Soldry: Buconughs Johnson + Hopewell (Law P.IM)		
for Moreda Davis Johnson Struss		

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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.

							\mathcal{N}, \mathcal{A}		Association of American Associations, Washington DC	Source	
								Article	Speech	Activity	
								Aug. 13, 2008	Feb. 2, 2008	Date	
								\$500	\$2,000	Amount	

Asset and/or Income Source Walke of Asset Type of Income BLOCK B Asset and/or Income Source Value of Asset Type of Income Type of Incom	\$25,000,001 - \$50,000,000 Check all columns that apply For retirement plans or accounts that apply indicate the type of income allies and interest, you may write "NA." For retirement plans or accounts that do not allow you to choose specific ments and interest, you may write "NA." For all other assets income by check thone if assets did not generated. X DIVIDENDS X RENT INTEREST X CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) Powdends and interest, even it rein. Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 X BLOCK C Amount of II Amount	J D SP	of the spanning of the spannin	exx od lan pla pla pla
\$25,000,001 - \$50,000,000 Cover \$50,000,000 NONE NONE X DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) \$25,000,001 - \$50,000,000 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 any income by check "None" if asset sincluding all IFAs, indicate the type of income by check on the properties box below. CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	S25,000,001 - \$50,000,000 Type of Income Amount of Income Check all columns that apply For retirement plans or accounts that dependent revested and inclinate the type of income plans or accounts that do mot allow you to choose specific investments, you may write "NA." For For all other assets including all IRAs, indicate the type of income by check the chiral plans or accounts that do mot allow you to choose specific investments, you may write "NA." For For all other assets including all IRAs, incl	Examples:	ch asset in the account that exceeds the porting threshold. For retirement plans that are test-directed, name the institution holding the count and its value at the end of the reporting riod. For an active business that is not publicly ded, state the name of the business, the nature its activities, and its geographic location in ock A. For additional information, see the struction booklet. clude: Your personal residence(s) (unless are is rental income); any debt owed to you by ur spouse, or by you or your spouse's child, tent, or sibling; any deposits totalling \$5,000 or so in personal savings accounts; any financial rerest in or income derived from U.S. wernment retirement programs. You so choose, you may indicate that an asset income source is that of your spouse (SP) or pendent child (DC) or is jointly held (JT), in the tional column on the far left.	BLOCK A Asset and/or Income Source nitiy (a) each asset held for investment or procion of income with a fair market value ceding \$1,000 at the end of the reporting peria, and (b) any other asset or sources of income ich generated more than \$200 in "unearned" come during the year. For rental property or id, provide a complete address. Provide full mes of stocks and mutual funds (do not use for symbols). For all IRAs and other retirement ins (such as 401(k) plans) that are self directed at exercised, to select the specific investments), vide the value and income information on
\$25,000,000 Type of Income Section Section Section	\$25,000,001 – \$50,000,000 Type of Income Type of Income Amount of Income Check all columns that apply For retirement plans or accounts that de la columns that apply For incidente line type of income plans or accounts that de la columns that do not allow you to choose specific investments, you may write "NA." For For all other assets including all IRAs. INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Poyalities None \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$2501 - \$1,000 \$2501 - \$1,000 \$31,001 - \$50,000 \$31,001,001 - \$1,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000 \$31,000,001 - \$5,000,000	Indefinite	\$1 - \$1,000	Indicate val reporting ye method othe please speci If an asset wayear and is generated in "None."
\$25,000,000	S25,000,001 - \$50,000,000 Type of Income Type of Income The of Check all columns that apply For retirement plans or accounts that dependent infining the appropriate by the comments and interest even if rein vested, should be listed as income during the appropriate by the comment of accounts that do not allow you to choose specific invested. The comments are any income during all IRAs. INTEREST X CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) Poyalties None \$1 - \$200 \$201 - \$1,000 \$2501 - \$1,000 \$2501 - \$1,000 \$350,001 - \$15,000 X \$1,001,001 - \$5,000 X \$1,001,001 - \$5,000,000 X \$1,000,001 - \$5,000,000 X \$1,000,001 - \$5,000,000 X \$1,000,001 - \$5,000,000 X BLOCK C Amount of Income Amount of Inc		\$100,001 - \$150,000 The second	BLOCK B alue of Asset ue of asset ar. If you use ar than fair n fy the method fy the method as sold during included only come, the val
NONE NONE NONE NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) RONE Type of Income Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Type of Income Check all columns that apply. For retirement plans or accounts that do retirement plans or		\$1,000,001 - \$5,000,000 - \$5,000,000 \$- \$5,000,001 - \$50,000,000 \$- \$25,000,000 \$- \$-	at close of a valuation narket value, used. the reporting y because it ue should be
	None	×	NONE DIVIDENDS RENT INTEREST	Type of Type of Check all column retirement plans on not allow you to investments, you n all other assets in indicate the type of ing the appropr Dividends and int vested, should be Check "None" if as ate any income du
None None None None State None State None State None None State None None None None None State None No	\$50,001 - \$100,000	Royatties	Other Type of Income	Income s that apply. For accounts that do choose specific ray write "NA." For income by check-iate box below. Bisted as income. Ilsted as income. set did not genering calendar year.
\$1,001 - \$2,500	\$50,001 - \$100,000		\$1 - \$200 = \$201 - \$1,000 ≡	For retireme not allow you ments, you For all other indicate the checking the Dividends a vested , she Check "Nono or generatec
	S50,001 = \$100,000		\$2,501 - \$5,000	BLOCK D ount of Inco nt plans or acco u to choose spe u to choose spe may write "NA" assets, includir category of e appropriate and interest, ev uld be listed g" if no income

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

DC,

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SP,

Continuation Sheet (if needed) Asset and/or Income Source BLOCK A None ₩ 1 - 1,000O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset E F G H \$50,001 - \$100,000 Year-End BLOCK B \$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 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 X V VI VII VIII X \$1,001 - \$2,500 BLOCK D \$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 Transaction BLOCK E m ω σ 아_

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SCHEDULE IV— TRANSACTIONS

Name Harry C. Hant Johnson, dc.

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Report depend	stocks, amount that res transac	or your residen sold, pl	SP, DC, JT	<u>S</u>						:								
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 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.		Example: Mega Coporation Common Stock (partial sale)	N, A,													
of Tr	IASE	PURCH/																ادسانادا ا
Type of Transaction		SALE	<	×														
ction	NGE	EXCHAN																
Date	(MO/DAY/YR) or Quarterly,	Monthly, or Bi-weekly, if applicable	10 10 00	80-21-01														
	20	\$1,001- \$15,000																
	<u></u>	\$15,001- \$50,000	<	×													ļ	
Amc	٥	\$50,001- \$100,000																
ont	[11	\$100,001- \$250,000						_					ļ					<u></u>
of Tr		\$250,001 \$500,000					<u> </u>	-								ļ		
ansa	00	\$500,001- \$1,000,000 \$1,000,001		_		<u> </u>	-	1	ļ									
Amount of Transaction	11-	\$5,000,000 \$5,000,001						-										-
]	000	\$25,000,00														-		
		\$50,000,00 Over \$50,000,00		_				1	<u> </u>									
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SCHEDULE V-- LIABILITIES

Name Henry C. "Hant" Johnson Jc

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.

						T
				JT D C S)	
			Example:			
		N), A,	First Bank of Wilmington, Delaware	Creditor		
			Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	œ	
				\$15,001- \$50,000	၁	
				\$50,001- \$100,000	٥	
			×	\$100,001- \$250,000	Е	Amo
.,				\$250,001- \$500,000	TI	unt of
				\$500,001- \$1,000,000	ဂ	Amount of Liability
				\$1,000,001- \$5,000,000	Ξ	lity
				\$5,000,001- \$25,000,000	_	
				\$25,000,001 \$50,000,000	ے	
				Over \$50,000,000	<u> </u>	

SCHEDULE VI— GIFTS

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.

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.

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

] !					
		N.A.	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			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

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

Examples: Roycroft Corporation Chicago Chamber of Commerce Source Aug. 6-11 Date(s) Mar 2 City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? z Food? Z Was a Family Member Included? 3 z at sponsor's expense Number of days not 2 Days None

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Name Henry C. " Hant" Johnson, dr.

Page 2 of 9

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
N, A.	

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
	M/ A	