No No No No No No No No	Yes	t child becau nduct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	d" income, trans irst consulted w	sets, "unearner less you have f	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.	EXEMP they me
No X	d not Yes	d trusts" need	of Official Conduct and certain other "excepted ouse, or dependent child?	e on standards ng you, your sp	y the Committe ⊢a trust benefiti	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?	TRUST: be discl
SNS	SE QUESTIO)F THES	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
nd the sponse.	answered ar ach "Yes" res	must be ned for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	° Yes 🔀	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.	V. Did y liability (If yes, c
~ 	nt with Yes	arrangemer	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No U	Yes X	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.	IV. Did or exch \$1,000
8	e date Yes	or before the	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.	No	, Yes 💢	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.	income reportat
₹	ting Yes	ld receive an in the report e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	8	Yes	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did a lieu of preportin
No X	y ore Yes	d receive an) gregating mo	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.	8	Yes	 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. 	1. Did yo fees) of if yes, o
			E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER	PRELI
S more man	30 days late.	30 days late.	Termination Date:		Amendment	Annual (May 15)	Report Type
e assessed	A \$200 penalty shall be assessed	A \$200	Employing Office:	Officer or Employee		itus Member of the U.S. State: N3 House of Representatives District: 3	Filer Status
MC	Office Use Only)	200	Daytime Telephone: 854-751-1758	Daytime T		le: John H. Adler	Name:
'	LENSLATIVE RECOURCE CENTER	BALLYTSIE	1.1				
D	HAND DELIVERED		Form A For use by Members, officers, and employees	MENT	ATIVES JRE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNIT

Name John H. Adler Page 3_ of 18

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.	s received under the Social Sec	surity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Earp Cohn P.C., Cherry HII, NJ	Salary	348,046 €
State of New Jersey, Trenton NJ		\$ 49,000
Township of Cherry Hill MJ	Spouse Salary	NA

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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 Association of American Associations, Washington DC	Activity Speech	Date Feb. 2, 2008	Amount \$2,000
None			
		;	:

ound Fund (Vanquad 500 Judy Find	Sp Varioused 500 Index Find	Charm Fill, N)	Law Firm	Earp Cohn P.C.	JT 1st Bank of Paducah, KY Accounts	Examples:	SP SP Mega Corp. Stock	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.	BLOCK A 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 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), provide the value and income information on each asset in the account that exceeds the
χ	-	~			*	×	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 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000	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."
*	*	*			Y (not yet received)	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income	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.
X	*	~			X (not yet received)	×	X	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$50,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	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, <i>including all IRAs</i> , 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.
					Redemphos			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), or exchanges (E) exceeding \$1000 in reporting year. If only a

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name John	H. Adler	Page (p of 18
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
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DC,	00 000 000 0,000 000,000 000,000		000	m ŵ :
JT	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,00 \$100,001 - \$250,0 \$250,001 - \$500,0 \$500,001 - \$1,000 \$1,000,001 - \$5,0 \$5,000,001 - \$5,0 \$25,000,001 - \$5,0	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLING Other Type of Inco	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000 Over \$5,000,000	90,000,000
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∑,	· ×		X	P(pertui) S(pertui)
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name John H. Ada

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Name John H. Adler

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Name John H. Adk

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SCHEDULE V— LIABILITIES

Name John H. Adle

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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. 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

Amount of Liability SP, Creditor Type of Liability	· · · ·				-		
Type of Liability Mortgage on 123 Main St., Dover, Del. \$10,001-\$15,000 \$15,000 \$50,001-\$100,000 \$250,001-\$500,000 \$250,001-\$500,000 \$1,000,001-\$500,000 \$1,000,001-\$50,000 \$25,000,001-\$50,000,001-\$25,000,000 \$25,000,000			71		JT, DO	3	
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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

_	 	 	_	_	_
		None	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. 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 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

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? Food? (Y/N (Y/N	Food?	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evamples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Examples.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
/	None						
	i						

SCHEDULE VIII—POSITIONS

Name John H. Adler

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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
Shurcholder	Earp Cohn R.C. (Law Firm) (Resigned Dec. 31, 2008)
State Smotor	New Jersey Senate (Resigned January 2, 2009)

SCHEDULE IX—AGREEMENTS

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. 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	Parties To	Terms of Agreement
1/1/07	Earp Cohn P.C.	for work in projess and shareholder strue upon termination
409 6614	Euro Cohn PC.	later detailing Dunnert for Shorts of Earl Cohn D. C.
4/15/92	Euro Cohn P.C. YOIK PIKM	401 & (money remains; no additional (ontributions)
Date of Plan 12/3/171	(ozen D'Connor 401K Plan	401 K (money remains; no additional contributions)
	State of New Gray	Pension Plan (no benefits yet received)