

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

**INSIDE MAIL**

Name: James A. Hines

Daytime Telephone: (202) 225-5541

U.S. HOUSE OF REPRESENTATIVES  
ACTIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES (Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CT</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 \$335 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 \$335 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH 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?

Yes ☐ No ☒

**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 ☐ No ☒

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**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 II.**

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BLOCK E  
Transaction

indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

If only a portion of an asset is sold, please indicate as follows:  
(S) (partial)

P. S.

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[illegible]

## Continuation Sheet (if needed)

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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	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
	Fidelity Capital Appreciation Fund													None																			
JT	Fidelity Intl Real Estate Fund													\$1 - \$1,000																			
JT	Schwab Value and Bond Fund													\$1,001 - \$15,000																			
JT	GS Asia Equity Fund													\$15,001 - \$50,000																			
JT	GS Small Cap Value Fund													\$50,001 - \$100,000																			
JT	Fidelity CT Municipal Money													\$100,001 - \$250,000																			
JT	Apache Corp Stock													\$250,001 - \$500,000																			
JT	LSI Corp Stock													\$500,001 - \$1,000,000																			
	Jenison 20/20 FocusA													\$1,000,001 - \$5,000,000																			
	Netinvest Fixed Income Fund													\$5,000,001 - \$25,000,000																			
	American Funds 401k													\$25,000,001 - \$50,000,000																			
	Thornburg 1st Value Fund													Over \$50,000,000																			
JT	GS Frontier Equity Partners LP													NONE																			
JT	GS Vintage Fund II LP													DIVIDENDS																			
JT	GS Capital Partners 2000 LP													RENT																			
JT	Stone Street Hail Fund LP													INTEREST																			
JT	Stone Street Fund LP													CAPITAL GAINS																			
JT	GS Discovered Opportunities													EXCEPTED/BLIND TRUST																			
JT	Stone Street CEP Tech Fund LP													Other Type of Income (Specify)																			
JT	Stone Street Rail & Energy LP													I																			
JT	Stone Street Rail & Energy LP													II																			
JT	Stone Street Rail & Energy LP													III																			
JT	Stone Street Rail & Energy LP													IV																			
JT	Stone Street Rail & Energy LP													V																			
JT	Stone Street Rail & Energy LP													VI																			
JT	Stone Street Rail & Energy LP													VII																			
JT	Stone Street Rail & Energy LP													VIII																			
JT	Stone Street Rail & Energy LP													IX																			
JT	Stone Street Rail & Energy LP													X																			
JT	Stone Street Rail & Energy LP													XI																			

## Continuation Sheet (if needed)

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<b>Example:</b>	<b>Mega Coporation Common Stock (partial sale)</b>
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# **SCHEDULE VIII—POSITIONS**

Name

*Hansen*

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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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>Director</i>	<i>Fairfield County Community Foundation</i>
<i>Advisory Board Member</i>	<i>Greenwich Alliance For Education</i>

# **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