HAND DELIVERED

Yes No	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ng you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen
NUESTIONS	F THESE G	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	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.	No No	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	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<u>8</u>	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	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.	S <sub>S</sub>	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	receive any n the reporting	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.	<u>§</u>	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	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 \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S <sub>S</sub>	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  Yes
	i !	E QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
30 days late.	30 days late.	TerminationTermination Date:		Type Annual (May 15) Amendment
A \$200 penalty shall be assessed	A \$200 pena	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: 12 House of Representatives District: 12
(Office Use Only)	HC 0	(Daytime Telephone)		(Full Name)
A STABLE OF THE STATES	V 151 803	202-225-5441		John Joseph Hall
OLD PRICE	Juni SEP 17			
THE RESOURCE CENTER		Form A For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

## SCHEDULE VIEW TRAVEL PAYMENTS AND REIMBURSEMENTS

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 or were paid by you and reimbursed by the sponsor.

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 identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

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? (Y/N	Food? (Y/N	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	Υ	Y	2 Days
Iewish Community Relations Councilor 14	10/1E/8-58/8	NY-Teldin -NY	حر	7	رم	None
					Andrew Company (All Company Co	
		And the state of t				

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