more than 30 days late.	Termination Date:	Termination Ter	Amendment	ort Annual (May 15)	<b>Report</b>
be assessed against anyone who files		Епрюуее	District: 3	us House of Representatives	Status
A \$200 penalty shall	Employing Office:	Officer Or	State: CO	<b>4</b>	Filer
CF (Office Use Only)	(Daytime Telephone)		ame)	(Full Name)	
2000 MAY 15 AM 10: 09 L	719-588-2451		Salazar	John Tony Salazar	
LENSLATIVE RESOURCE CENTER	in i				
ָרָי רָרָ רָרָ רָרָ רָרָ רְרָּ	For use by Members, officers, and employees		FOR CALENDAR YE	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FINAN
DELIVERE	FORM A Page 1 of 4		REPRESENT/	UNITED STATES HOUSE OF REPRESENTATIVES	LIND
IAND					

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	₹ <b>\</b>	Yes	Υes	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	" incon	arned	, "une	assets	Exemptions Have you excluded from this report any other as:	
	No <	Yes :	Yes	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?	mittee o	Com is rep	by the rom this	proved luded fi	Trusts- Details regarding "Qualified Blind Trusts" aptrusts" need not be disclosed. Have you exchild?	!"
		S	SNC	ON ANSWER EACH OF THESE QUESTIONS	MAT	S	T NE	RUST	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	EX
L				schedule attached for each "Yes" response.					If yes, complete and attach Schedule V.	
	opria	e appr	the a	Each question in this part must be answered and the appropriate	1 1	<b>₹</b>	Yes 🛂 No 🗔	Yes	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 IX.	i   	•			f yes, complete and attach Schedule IV.	
Κ.	No	Yes		Did you have any reportable agreement or arrangement with an outside entity?	, <b>,</b>	S <	:	Yes	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	₹
	į			If yes, complete and attach Schedule VIII.	-	:	,	i	If yes, complete and attach Schedule III.	ļ
Ø N	Z	Yes		Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	≦	O	Yes ☑ No	Yes	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	.≡
				If yes, complete and attach Schedule VII.	! :		!		If yes, complete and attach Schedule II.	
	Yes ☑ No	Yes	9	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305	` ≦	<b>Z</b> ○	i	ing Yes	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?	=
:	1		:	If yes, complete and attach Schedule VI.				i !	If yes, complete and attach Schedule I.	_
N N	No	Yes			_ ≤	<u>چ</u>	Yes No 🗸		Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-

 BLOCK A	вгоск в	BLOCKC	BLOCK D	BLOCK E
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 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 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 debot owed to you by your spouse, or by your or 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 referement programs.	Year-End 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 and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
 Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or 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.				
 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.				
 JT 1187 acres of farmland in Conejos & Costilla Counties, Co.	\$1,000,001 - \$5,000,000	Farm Income	NONE	
 JT Spudseed.com	\$1,001 - \$15,000 DIVIDE	DIVIDENDS	NONE	

## SCHEDULE V - LIABILITIES

Name John Tony Salazar

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC,	Creditor	Type of Liability	Amount of Liability
JT	1st SW Bank of Alamosa, CO	Revolving Operating Land Loan	\$250,001 - \$500,000
JT	1st SW Bank of Alamosa, CO	Land Loans	\$1,000,001 - \$5,000,000
JT	Farm Credit Leasing	Equipment Lease	\$50,001 - \$100,000
JT :	Wells Fargo Leasing	Building Lease	\$50,001 - \$100,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Tony Salazar

Page 4 of 4

spouse or dependent child that is totally independent of his or her relationship to you. 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 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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

None	Υ	~	~	Denver-Frankfurt-DC	July 4-9	German Marshall Fund
Days not at sponsor's expense	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodgir (Y/N	Point of Departure DestinationPoint of Return	Date(s)	Source