§ ⊠	Yes	child becaus	sactions, or liabilities of a spouse or dependent	" income, tran	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?
<u>₹</u>	inot Yes	trusts" need	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	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
S	E QUESTIONS)F THES	MATION — ANSWER EACH OF THESE	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	answered and ach "Yes" respo	must be ed for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S S	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.
₹	t with	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.		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.
N N	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.	S _S	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.
₹	y ng Yes	d receive any in the reportir	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.	N _o	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.
No No	re Yes	receive any regating mon	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.	× No	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 If yes, complete and attach Schedule I.
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed more than	alty shall be one who files	A \$200 penagainst anyo	e Employing Office: Termination Date:	Officer or Employee	Status Member of the U.S. State: CA Status House of Representatives District: 10 Amendment
2: 50	2988 11AY 13 P.11 2: 59	70 0000	202-225-1880 (Daytime Telephone)		REP. ELLEN O. TAUSCHER (Full Name)
ë	HAND DELIVERED	E	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

=-	\		Compast Corp NT	Citizens Funding TR	Wachovia Honey Mkt		Examples:	SP Mega Corp. Stock	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.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	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).
×	X	*	*	*	×	×	;	×	\$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 \$5,000,001 - \$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."
×	×	X	*	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income	me)	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 IFAs, 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	×	*	×	×	*	×	×	×	\$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	X X	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 received.
	S							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), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name REP. ELLEN O. TAUSCHER

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4 8 SP. * Sequoia Equities— Cohacessional FCU Number OA Div Adu Dryden Index Str Fd Alpine Global Dynamic Taton hance Tax Menuged Robin Mr. Scotland Greenblus Resources FD Nunear Insa Calif Asset and/or Income Source Fountains Apris Ltd-Sec #300 1777 Botelho Dr Ar #388 Walnut Creek, CA Walnut Creak, CA 777 Boteling Dr **BLOCK A** ➣ None Œ \$1 - \$1,000 O \$1,001 - \$15,000 $\times \times \times$ O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 ۵ \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE $\times \times \times \times$ DIVIDENDS RENT X INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** par marship Burneship DOMES ! Sweri Other Type of Income (Specify) None X = \$1 ~ \$200 Amount of Income = \$201 - \$1,000 XI IIIV IV VI VII VIII IX \$1,001 - \$2,500 X X \times 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 5 (partial) S(parties) Transaction **BLOCK E** par had ரைலைந

Cimited Partnership Interest

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SCHEDULE IV— TRANSACTIONS

Name REP. ELLEN O. TAUSCHER

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								2000-USB Capital	5,900-Nursen Insd OA Inc. Muni FD	2,500- Nuiveen CA DV Adv Muni FD	1,050- Enerplus Resources FD	2,000-Royal Blc Scotland 7.75%	SP, DC, JT SP Example: Mega Coporation Common Stock (partial sale)	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.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
												×		PURCHASE		of Ti
								 ~	×	×	×	 	×	SALE		Type ansa
														EXCHANGE		Type of Transaction
								9-19-07	Nacious	Nacious	Various	4-21-07	10-12-07	or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
														\$1,001- \$15,000	B	
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 <u> </u>	<u> </u>	<u> </u>		ļ	 			×	<u> </u>	×	<u> </u>	<u> </u>	×	\$15,001- \$50,000	0	
									×	×	×	×	×	\$50,000 \$50,001- \$100,000	C D	Amo
									×	×	×	×	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000		Amount
									×	× -	×	×	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	m Ti	Amount of Tr
									×	×	×	×	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	២ m Ti	Amount of Transa
									×	×	×	×	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000	m Ti	Amount of Transaction
									×	×	×	×	*	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	២ m Ti	Amount of Transaction

SCHEDULE V- LIABILITIES

Name RED. ELLEN O. TRUSCHER

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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 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.

			DC,	o O			
baid in January 2008	AMERICAN EXPRESS - balance	Example: First Bank of Wilmington, Delaware	Creditor	Creditor			
	c(call card	Mortgage on 123 Main St., Dover, Del.	Type of Liability				
			\$1,001- \$15,000	B	П		
			\$15,001- \$50,000	5			
	×		\$50,001- \$100,000	ם			
		×	\$100,001- \$250,000	Е	Amo		
			\$250,001- \$500,000	TI.	unt o		
			\$500,001- \$1,000,000	ရ	Amount of Liability		
			\$1,000,001- \$5,000,000	I	3		
			\$5,000,001- \$25,000,000				
			\$25,000,001 \$50,000,000	ے۔			
		L	Over \$50,000,000	7			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 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 \$122 or less need not be added towards the \$305 disclosure threshold.

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

1 1 1 1	T	Example: Mr. Joseph H. Smith, Anytown, Anystate	-	 ľ	
	Description	Silver Platter (determination on personal friendship received from Committee on Standards)			
Description Silver Platter (determination on personal friendship received from Committee on Standards)	Value	\$325			