se, or a dependent child receive any eporting period (i.e., aggregating more remvise exempt)? attach Schedule VI. WA - War Meshall schedule VII. WA - War Meshall receive any imbursements for travel in the reporting an \$335 from one source)? attach Schedule VII. WA - War Meshall reportable positions on or before the date calendar year? attach Schedule VIII. reportable agreement or arrangement with attach Schedule VIII. Yes No Schedule VIII. No SWER EACH OF THESE QUESTIONS Iswer a spouse or dependent child because Standards of Official Conduct. Yes No Standards of Official Conduct.	gregating more W/A - Min Member In the reporting Bell? W/A - Min Member In the reporting Bell? W/A - Min Member or before the date or before the date Tarrangement with Tarrangement with	your spound in the relation of other plete and your spouravel or rehand any large and a hold any large and a hold any large and a hold any large and large a	No N	Yes Yes OR TRUS: Yes OR TRUS YES OR TRUS	tess) of \$200 or your spouse, or a dependent child receive any reportable gift in the reporting period? If yes, complete and attach Schedule I. In 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. In Did you, your spouse, or a dependent child receive any reportable asset sworth more than \$200 in the reporting period? If yes, complete and attach Schedule III. If yes, complete and attach Schedule	if yes, III. Did lifeu of reporti If yes, III. Did lifeu of reporti If yes, III. Did or excid \$1,000 If yes, V. Did to rest liability If yes, TRUST be disc EXEM The content of the conten
		ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWEI	PREL
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	r Employing Office: se Termination Date:	Officer or Employee	Amendment	Member of the U.S. State: Member of Representatives District: Annual (May 15)	Filer Status Report Type
LEGISLATIVE RESCURDE CENTER 2009 MAY 15 PM 1: 28 11.5 HAUST ROMAN LEGISLATIVES	TEGISLATIVI	Daytime Telephone: 202-225-531/	Daytime 1		e: Frank M. Kratovil, J.	Name:
M DELIVERED	M DEL	Form A For use by Members, officers, and employees	WENT	TIVES RE STATEI	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CAL

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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 bene	benefits received under the Social Security Act.	curity Act.
	Туре	Amount
	Approved Teaching Fee	\$6,000
Framples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech Spouse Salary	\$1,000 NA
Queen Anne's County, MD	Salary	102,988
	Spouse Income - Distibution of LIC Earnings	14,085

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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	Activity	Date	Amount
Examples: Association of American Associations, Washington DC XYZ Magazine	Speech Article	Feb. 2, 2008 Aug. 13, 2008	\$2,000 \$500

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sovings Plan a	OC Educational Savings Account	of Ac	DC Educational Savings Accounts	1 40	VALIC: Tax-Deferred	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP. Mega Corp. Stock	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 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	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).
×	×	×	×	×	×	×	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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H - J K L	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	×	×	*	X	*	×	Hoyalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income)	come or Farm Income)	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	×	×	×	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 - \$5,000,000 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, including all IHAs, 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.
								S (partial)	See below for example. P, S, E	If only a portion of an asset is sold, please indicate as follows: (S) (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Frank M Kratuil Jr

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Continuation Sheet (if needed) 20 Ξ Ŋ SP, Cen Ireville Asset and/or income Source 054 Atlantic Ave Ha BLOCK A Stack 5 ➣ None Œ \$1 - \$1,000 × O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш × \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 വ \$250,001 - \$500,000 I \$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 × DIVIDENDS X RENT × INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None \$1 - \$200 = | | | Amount of Income × \$201 - \$1,000 \$1,001 - \$2,500 V VI VII VIII IX 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 Transaction BLOCK E σ, Q m

SCHEDULE IV— TRANSACTIONS

Name Frank M Kratovil Jr

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										Example: Mega Coporation (SP, DC, JT Asset	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	
										×				Type of Transaction
		 							 W. Jan	_		SALE	_	pe sacti
	<u>.</u>		 					ļ				EXCHANGE	_	3
										10-12-08		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
												\$1,001- \$15,000		
										×		\$15,001- \$50,000	ဂ	<u> </u>
r								 				\$50,001- \$100,000	0	Amc
			 			 				_		\$100,001- \$250,000	т	Amount
												\$250,001- \$500,000	TI	으
								 				\$500,001- \$1,000,000	ត	rans
			 		:							\$1,000,001- \$5,000,000	=	Transaction
-											-	\$5,000,001- \$25,000,000	-	ž
												\$25,000,001- \$50,000,000 Over	<u>_</u>	
											ĺ	\$50,000,000	<u></u>	

SCHEDULE V— LIABILITIES

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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.

		_				
			77		SP, DC, JT	
		-	Sun Trust Mortaga e Company	Example: First Bank of Wilmington, Delaware	Creditor	
			Mortgage on 7901 Athatic high	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
					\$10,001- w	
ļ					\$15,001- \$50,000	
<u></u>					\$50,001- \$100,000	
			Х	×	\$100,001- \$250,000 m	Amou
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<u></u>				_	\$500,001- \$1,000,000	Amount of Liability
		 		_	\$1,000,001~ ±	ity
				_	\$5,000,001- \$25,000,000 \$25,000,001-	
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			_		\$50,000,000	Ц

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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?		Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Lyampies	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Y	2 Days
		_					
				:			

SCHEDULE VIII—POSITIONS

Name Frank M Kratovil Jr Page 10 of 16

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. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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

		Board Member	Redden Board Member	Position	zanons, and positions solely of an horiotary materiol
		Mental Health Association of MD	Special Olympics Moryland	Name of Organization	iolal y nature.

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	