	□ 8 ③	Yes	come, transactions, or liabilities of a spouse or dependent child	ets, "unearned" in	Exemptions Have you excluded from this report any other assets, "uneamed" income, transactions, or lia because they meet all three tests for exemption?	
	[] 8 €	Yes	Details regarding "Qualified Blind Trusts" approved by the Co <i>mmittee on</i> 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?	ed by the Committ I from this report o	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Office trusts" need not be disclosed. Have you excluded from this report details of such a trust beachild?	
•		STIONS	ATION ANSWER EACH OF THESE QUE	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	Г
	propriate	l and the ap	Each question in this part must be answered and the appropriate	Yes 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 IX.		If yes, complete and attach Schedule IV.	
	S N N	outside Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange any V. reportable asset in a transaction exceeding \$1,000 during the reporting	₹.
			If yes, complete and attach Schedule VIII.		if yes, complete and attach Schedule III.	
	□ ₹ <	ing in the Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearmed" income of II. more than \$200 in the reporting period or hold any reportable asset worth more than \$1 not at the part of the period?	F
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
		ian \$305 Yes	Util you, your spouse, or a dependent child receive any reportable travel or Vil. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No V	on any individual of organization make a donation to charity in lied of paying you for a speech, appearance, or article in the reporting period?	=
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	T
	□ 8 ≤	herwise Yes	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes No V	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-
- -			THESE QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH	ا ہـ ا
	30 days	more than 30 days	Termination Date:	☐ Termination	Report Type Annual (May 15) Amendment	
	A \$200 penaity shall be assessed against anyone who files	A \$200 penalty shall be assessed agains anyone who files	Officer Or Employing Office: Employee		Filer Member of the U.S. State: WA House of Representative District: 9	
(U.S. Hourse diOffice all se TOTHAS	Sc d'Office d	(Daytime Telephone) نارج.ا الله (Daytime Telephone)		(Full Name)	
2	÷ 51	2008 HAY -7 PM 4: 57	202-225-8901		Adam Smith	
	EE CENTER	THE RESOURCE CENTER	For use by Members, officers, and employees	YEAR 2007	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	1_
			FORM A Page 1 of 4	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	<u>, , , , , , , , , , , , , , , , , , , </u>
		7: 				}

SP 4 닠 5 SP 4 of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset or income source is that parent or sibling; any deposits totaling \$5,000 or less in personal savings state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the directed, name the institution holding the account and its value at the end optional column on the far left. Government retirement programs. debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any instruction booklet. of the reporting period. For an active business that is not publicly traded, that exceeds the reporting threshold. For retirement plans that are not selfprovide the value and income information on each asset in the account the power, even if not exercised, to select the specific investments), (such as 401(k) plans) that are self directed (i.e., plans in which you have provide a complete address. Provide full names of stocks and mutual \$200 in "unearned" income during the year. For rental property or land, (b) any other assets or sources of income which generated more than fair market value exceeding \$1,000 at the end of the reporting period, and accounts; any financial interest in or income derived from U.S. funds (do not use ticker symbols). For all IRAs and other retirement plans Identify (a) each asset held for investment or production of income with a Asset and/or income Source Federated Kaufman B Van Kampen Equity & Income B Legg Mason Partners B Calamos Growth B IRA - IBM Stock IRA - Calamos Growth B **BLOCK A** 而 \$50,000 \$15,001 -\$50,000 \$15,001 -\$1,001 - \$15,000 \$1 - \$1,000 \$50,000 \$15,001 -\$50,000 \$15,001 the value should be asset was sold and is at close of reporting it is generated income, included only because method used. If an please specify the than fair market value, valuation method other year. If you use a Value of Asset Year-End Name Adam Smith BLOCK B CAPITAL GAINS CAPITAL GAINS CAPITAL GAINS CAPITAL GAINS CAPITAL GAINS Farm income) Partnership income or block. (For example: a brief description in this type of income by writing categories, specify the calendar year. If other apply. Check "None" if Check all columns that CAPITAL GAINS than one of the listed income during the asset did not generate any Type of Income BLOCK C \$1,001 - \$2,500 \$1,001 - \$2,500 \$1 - \$200 \$2,501 - \$5,000 \$1 - \$200 \$1,001 - \$2,500 no income was earned. as income. Check "None" if reinvested, should be listed below. Dividends, even if checking the appropriate box category of income by other assets, indicate the you to choose specific accounts that do not allow "NA" for income. For all investments, you may write For retirement plans or Amount of Income BLOCK D U U U U U Transaction in reporting year exceeding \$1,000 exchanges (E) (P), sales (S), or had purchases Indicate if asset BLOCK E Page 2 of 4

SGHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Adam Smith	ith		Page 3 of 4
JT	Vanguard Index Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	י
JT	Washington Mutual CD	None	INTEREST	\$201 - \$1,000	Other
JT	Washington Mutual Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Washington Mutual Money Market	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	Washington State GET Account	\$15,001 - \$50,000	None	NONE	
DC	Washington State GET Account	\$15,001 - \$50,000	None	NONE	
dS	Washington State Retirement	\$1 - \$1,000	None	NONE	
S	Washington State Retirement	\$1 - \$1,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Adam Smith

Page 4 of 4

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC,	Asset	Type of	Date	Amount of Transaction
1Γ	Calamos Growth B	ָ קר.	11-21-07	\$1,001 - \$15,000
JT	Federated Kaufman B	סי	11-19-07	\$1,001 - \$15,000
JT	Legg Mason Partners B	ס	12-13-07	\$1,001 - \$15,000
JT	Van Kampen Equity & Income B	ס	12-14-07	\$1,001 - \$15,000