				may made an intervene to exemption:
No	child because Yes	sactions, or liabilities of a spouse or dependent c	income, trans	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?
No V	trusts" need not Yes	of Official Conduct and certain other "excepted to onuse, or dependent child?	on standards ng you, your sp	TRUSTS—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?
ONS	FTHESE QUESTI	MATION — ANSWER EACH OF THESE QUESTIONS	INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the ssponse.	nust be answered and for each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<u>s</u>	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.
	urrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No.	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.
s E	r 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.	No C	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.
	receive any the reporting Yes	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.	No.	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 S	receive any egating more Yes	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.		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
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIO
be assessed les more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date: Termination	Employee	Status House of Representatives District: Report Annual (May 15) Amendment
URCE CENTER IM 10: 59 Walkings	2008 MAY 15 AM 10: 59 Mos. Holomor Ose Denmin Manues	292-235-5775 (Daylime Telephone)		BARON P. HILL (Full Name)
		Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name	
BARCH	
D	
HILL	

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 non See examples below.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and ben	benefits received under the Social Security Act.	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples State of Maryland Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
SEYMOUR COMMUNITY SCHOOLS	SPOUSE SALARY	AN

Name BARGKI
P. HILC
Page Z of 9

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.

							NONE		Association of American Associations, Washington DC	Source
								Article	Speech	Activity
								Aug. 13, 2007	Feb. 2, 2007	Date
,								\$500	\$2,000	Amount

ST SON MILROSOFT	JT C1500	STATE OF INDIANA	SP SEYMOUR SCHOOLS	MCAPITON 40112	JT 1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	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 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	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).	names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement	which generated more than \$200 in "unearned" income during the year. For rental property or	ng \$1,000 at the end of the (b) any other asset or sou	Identify (a) each asset held for investment or pro-	Asset and/or Income Source	BLOCK A
X X	*		×	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$5,000,001 - \$50,000,000 \$5,000,001 - \$50,000,000		generated income, the value should be "None."	If an asset was sold during the reporting year and is included only because it	please specify the method used.	method other than fair market value,	Indicate value of asset at close of	Value of Asset	вгоск в
		XX	*	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)		/4	Dividends and interest, even if reinvested, should be listed as income.	all other assets including all IRAs, indicate the type of income by check-		Check all columns that apply. For	Type of Income	BLOCK C
					×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$50,001 - \$50,000 ≦ \$50,001 - \$100,000 ∑ \$1,000,001 - \$1,000,000 ∑ \$1,000,001 - \$5,000,000 ∑ Over \$5,000,000 ∑			vested, should be listed as income. Check "None" if no income was received.	checking the appropriate box below.	ments, you may write "NA" for income. For all other assets, including all IRAs,	For retirement plans or accounts that do not allow you to choose specific invest-	Amount of Income	BLOCK D
							S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E		\$1000 in reporting year.	exceeding	sales (S), or	purchases (P),	Indicate if the	Transaction	BLOCK €

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name BAROW 1. HUC

Page 5 of 9

Con.	Continuation Sheet (if needed)		Name	JARON 1. HUC	rage
	ВLОСК А	BLOCK B	BLOCK C		BLOCK E
		Value of Asset	of Income		
SP,		A B C D E F G H I K			סי.
DC,		0 0 000 0,000			un îv
УT		0,000 00,000 250,00 500,00 1,000, \$5,00 \$25,0	INS BLIND	00 00 000 ,000 0,000 ,000,00	į
		\$1,000 \$1,000 01 - \$15 001 - \$5 0,001 - \$1 0,001 - \$1	DENDS		
		\$1,00 \$15,6 \$50,6 \$100 \$250 \$5,00	NON DIVIC REN' INTE	\$1,00 \$2,50 \$5,00 \$15,0 \$50,0 \$100 \$1,00	
4	NORTEL	X			
47	SAVINGS THOIANA SAME	-			
Γ					

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SCHEDULE IV— TRANSACTIONS

Name BAROKI P. HCC Page 6 of 9

Report any	stocks, bondamount of t	that resulted transaction. or your dep- residence, u sold, please	Ţ	Ų.												
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 exceeded \$1,000. Include transactions	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.	Asset Asset Asset	NONE												
2 1		PURCHASE														
Type of Transaction		SALE	<	,												
1 2 3		EXCHANGE											`			 ļ
Date	(MO/DAY/YR)	or Quarterly, Monthly, or Bí-weekly, if applicable	10 12 07	10-12-07												
	æ	\$1,001- \$15,000									E					
	0	\$15,001- \$50,000	<		<u> </u>											
<u> </u>	ס	\$50,001- \$100,000			-											
Amount of Transaction	П	\$100,001- \$250,000			 		<u> </u>	ļ	<u> </u> 	 		ļ <u></u>	<u> </u>		 	 1
≟ ∃	т	\$250,001- \$500,000			-											 1
3ng:	۵	\$500,001- \$1,000,000			<u> </u>							-				 +
<u> </u>	=	\$1,000,001- \$5,000,000	-	_			ļ								 <u> </u>	
á	_	\$5,000,001- \$25,000,000	-		<u> </u>	-	-				ļ			 	 	 1
{	<u>-</u>	\$25,000,001- \$50,000,000			<u> </u>			<u></u>							<u> </u>	
] [⊼	Over \$50,000,000									_					

SCHEDULE V— LIABILITIES

Name BARGA 1. Hecc

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.

		, 20 X	}	
	Example:			
NOME	First Bank of Wilmington, Delaware	Creditor		
	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		\$1,001- \$15,000	<u></u>	1
		\$15,001- \$50,000	0	
		\$100,000		
	×	\$100,001- \$250,000 \$250,00 1-		Amount of Lishility
		\$500,000 \$500,001-		3
		\$1,000,000 \$1,000,001-		: :
		\$5,000,000° \$5,000,001-	= \$	١
		\$25,000,000 \$25,000,00 1-	<u>_</u>	
	 	\$50,000,000 Over \$50,000,000	1	١

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 \$122 or less need not be added towards the \$305 disclosure threshold. 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.

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

 					_
		NONE	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$325	Value	

Name
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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 \$305 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? (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	2	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	~	2 Days
				·		
NOME	_			!		
			_			

SCHEDULE VIII—POSITIONS

Name BARCH P. HCC

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor 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; and positions solely of an honorary nature.

		DIRECTOR	Position
		SYCAMORE LAND TROST	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

	<u>.</u>			
Date			!	
		,		
Parties To	HANK			
Term				
Terms of Agreement				
ent				
		 		