₹	Yes	child because duct.	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	" income, trans rst consulted w	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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
№	Yes	trusts" need not	of Official Conduct and certain other "excepted to ouse, or dependent child?	on standards on gyou, 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?
Š	QUESTION	F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	swered and "Yes" respo	must be an ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No V	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.
No.	Yes	arrangement witl	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.
\$ <u>X</u>	Yes	or 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 U	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.
₹ <u>X</u>	Yes	d receive any n the reporting)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 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.	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 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 THESE	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penagainst anyo	r Employing Office: e Termination	Officer or Employee	Filer Status Member of the U.S. State: California House of Representatives District: 14 12 Amendment
H: 55	MC 2009 APR 22 AM II: 55	MC 200	Daytime Telephone: とら- 323-2984	Daytime T	Name: PANA Georges Shoo
NERED	HAND DELVERED	—	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

	Name
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	Page 1
	of A

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

Source Control State Control Hourists Contro	exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
Sone of Naryland Sone of Naryland Cont May Roundelbe (Oct 2nd) Cont Mar Roundelbe (Oct 2nd) Spouse Salary NA Spouse Salary NA Say Marko Canth A to \$7.77 Say Marko Canth A proved Technoline Spouse Speech NA NA Spouse Salary NA Say Marko Canth A to \$7.77 Say Marko Cant	Source	Туре	Amount
Onlino County Board of Education No. Spouse Speech Spouse Speech Inc. Inc. Spouse Speech Inc. Inc. Inc. Spouse Speech Inc.	Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
San Makes - California San Makes County	Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Sof Mates Carry . Board of Sylerrises	of San Mates - Cali	Poslan	0 877
		bytes County .	-

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. 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

Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2008	\$500
- None-			
		,	
			5 5 5 5 5 5

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Asset and/or income Source BLOCK A

instruction booklet. Block A. For additional information, see the of its activities, and its geographic location in traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not exercised, to select the specific investments) (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" exceeding \$1,000 at the end of the reporting periduction of income with a fair market value not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use income during the year. For rental property or land, provide a complete address. Provide full Identify (a) each asset held for investment or pro-Þ

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Government retirement programs. your spouse, or by you or your spouse's child Exclude: Your personal residence(s) (unless Interest in less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by or income derived from U.S.

optional column on the far left. dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset 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

NONE

8

Examples

SP

Mega Corp. Stock

Simon & Schuster

Indefinite

×

1st Bank of Paducah, KY Accounts

Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it If an asset was sold during the reporting generated income, the value should be "None

			_	NONE		Che retir not inve all cindic indicting the conditions of the cond
	7014		×	DIVIDENDS		Type of Check all columns retirement plans or not allow you to investments, you mall other assets in indicate the type of ing the appropriating the should be Check "None" if as ate any income dur
	7-5	×	\perp	RENT		The ck all ck al
	£. 5			INTEREST		Type of II all columns all columns ant plans or ow you to vents, you may r assets inc the type of the type of the type of the appropria e appropria e appropria e appropria f ass "None" if ass income durir
	\$ 64		×	CAPITAL GAINS		BLOC columns or you to you m you to is, you m issets in appropriational interest in appropriational interest in a mand
	7-8			EXCEPTED/BLIND TRUST		BLOCK C ype of Inc. columns th plans or acc you to che ts, you may v ts, you may v type of ince appropriate and interess nould be liste one" if asset (come during o
Earned Throme Earned	Plan/	Royalties		Other Type of Income (Specify: For Example, Partnership Income 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.
	×			None		약 다 동 모 요 하고 공공
				\$1 \$200	=	For retirer not allow ments, you for all off indicate checking Dividend. Vested, s Check "Nor general or gener
				\$201 – \$1,000	≡	Amount of Amount
			×	\$1,001 - \$2,500	₹	BLOCK D Amount of Income ment plans or accounts v you to choose specific ou may write "NA" for ther assets, including a the category of inco g the appropriate box ds and interest, even should be listed as i None" if no income was ated.
				\$2,501 - \$5,000	<	BLOCK D bunt of Inc. t plans or accuto choose sp. nay write "NA assets, includ assets, includ astegory of appropriate and interest, et alid be listed if no income
* *	>	×		\$5,001 - \$15,000	≤	unt of Inco unt of Inco plans or acco to choose sp ay write "NA" ssets, Includi category of category appropriate d interest, ed be listed if no income
				\$15,001 - \$50,000	≤i Viii	or acco or acco oxes sp ite "NA" includi includi opriate opriate opriate income
				\$50,001 - \$100,000	≦	e w.
		×		\$100,001 - \$1,000,000	<u>×</u>	unts that unts that scific invo for inco income box below the received as income as income was ear was ear
				\$1,000,001 - \$5,000,000	×	
				Over \$5,000,000	×	do est- me. As, by ow. ain- me. ned
	n(a		S (partial)	as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold,	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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									U	checking account	Jong. Fied. Coast Usia		j '	First Republic Book	7	Thriff Soving Dan			BLOCK A Asset and/or Income Source	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)
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	1		<u> </u>	ļ		ļ											\$1,000,001 - \$5,000,000	_	¥	9
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																	Other Type of Income (Specify)		ne	Name Anna
									•	×						人	None	-		17
L		<u> </u>											X				\$1 – \$200	=	_	
			<u>L</u> _														\$201 - \$1,000	Ξ	Αm	K 2
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																	\$2,501 - \$5,000	<	Int BLC	///
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L			L														\$15,001 – \$50,000	VII VIII	ln(11
			<u> </u>														\$50,001 - \$100,000	∠	BLOCK D Amount of Income	
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L																	Over \$5,000,000	×		اب ۔ا
																	m ço ,o		BLOCK E Transaction	Page 4 of 8

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SCHEDULE IV— TRANSACTIONS

Name And Seviges Eshoo

							(Finds Hansburred to Fidelity Investme	0)	Pace Lint. Trick Trad	Tengleton Diagon Find	UBS Financial Schures	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.	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,	
							7	•						PURCHASE		of T	
									~	×		×		SALE	·· <u>·</u>	ansac	<u>;</u>
		****						:						EXCHANGE		lype of Transaction	
									1-30-08	1-30-08		10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date	
· · · · ·									×	×				\$1,001- \$15,000	Ø		7
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	 													\$50,001- \$100,000	0	Am	
														\$100,001- \$250,000	m	Amount of	ŀ
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SCHEDULE V— LIABILITIES

Name Anna Georges Eshao Pagebor 8

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.

	_						_
					JT DC,)	
				Example:			
		NA		First Bank of Wilmington, Delaware	Creditor		
				Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	Œ	
					\$15,001- \$50,000	၁	
					\$50,001- \$100,000	O	
				×	\$100,001- \$250,000	П	Amoi
	 			<u> </u>	\$250,001- \$500,000	77	unt of
					\$500,001- \$1,000,000	G	Amount of Liability
				<u> </u>	\$1,000,001- \$5,000,000	I	₹
					\$5,000,001- \$25,000,000 \$25,000,001		
			-	ļ	\$50,000,000 Over		
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SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. 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 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
Non		

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

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 or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

							- None -	•	Roycroft Corporation	Evamples: Chicago Chamber of Commerce	Source
	İ			į					Aug. 6-11	Mar. 2	Date(s)
									DC—Los Angeles—Cleveland	DCChicagoDC	City of Departure—Destination— City of Return
									~	z	Lodging? Food? (Y/N (Y/N
									~	z	Food? (Y/N
						i			Υ	Z	Was a Family Member Included? (Y/N)
									2 Days	None	Number of days <u>not</u> at sponsor's expense

SCHEDULE VIII—POSITIONS

Name HAND Geolges Eshas Page 8

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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,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

 _	 		 	_
			Position	
		- Mone -	Name of Organization	

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
	- de-	