

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Enter the Calendar Year (2007), not the Current Year (2008)

Last Name Filer	First Name and Middle Initial Joe	Annual Report 2007	Select Committee on Ethics
Senate Office Address (Number, Street, City, State, and ZIP Code) 220 Hart Washington, DC 20510	Senate Office Telephone Number (Area Code) 202-224-2981	Termination Date (month/day) 	How Often / Agency in Which Employed

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104 and 18 U.S.C. 1001.)

FOR OFFICIAL USE ONLY - Do Not Write Below This Line

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Joe Filer 5/15/08

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Date (Month, Day, Year)

PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Page Number
1

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see instructions.

Note: Travel expenses in excess of \$335 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example: 5/26/07	Association of American Associations	Wash, DC	EXAMPLE: Speech	\$1,000
Example: 7/25/07	NY2 Magazine	N.Y., NY	EXAMPLE: Article	\$500
1 6/10/07	LET'S GO KNICKS, INC.	CHICAGO, ILLINOIS	SPEECH	\$2000
2				
3				
4				
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14				
15				

Remember to submit a confidential report directly to the Ethics Committee naming the charitable organization which received the payment

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name	First Name and Middle Initial	Date of Employment (month/day)	Month, Office / Agency in Which Employed
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)	Senate/Candidate Office Telephone No.	Candidate Report	State in which you are a candidate
Committee of Candidacy (month/day)			

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

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I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

ANNUAL FILERS: DISREGARD this second cover page--used only by candidates and new employees

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Date (Month, Day, Year)

US Senate Financial Disclosure Report

EXEMPTION TEST

The reporting individual is not required to report assets, transactions, and/or liabilities which the reporting individual certifies:

- (1) represents the spouse's or dependent child's sole financial interest or responsibility and which the reporting individual has no knowledge of;
- (2) which are not in any way, past or present, derived from the income, assets, or activities of the reporting individual; and
- (3) which the reporting individual neither derives, nor expects to derive, any financial or economic benefit.

Reporting Individual's Name		PART III. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number		
JOE FILER												4		
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which: <ul style="list-style-type: none"> (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		BLOCK B Valuation of Assets At the close of reporting period. If none, or less than \$1,001, check the first column.					BLOCK C Type and Amount of Income If "None" (or less than \$201) is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.							
		None (or less than \$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 Over \$1,000,000**					None Dividends Interest Royalties Unearned Income Standard Investment Fund Qualified Hedge Fund Other (Specify Type) None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,000 \$2,001 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$50,000 Over \$50,000 Over \$1,000,000** Over \$1,000,001 - \$5,000,000 Over \$5,000,001 - \$50,000,000 Over \$50,000,000					Actual Amount Required if "Other" Specified		
Example: DC, or J Computer, Wash, DC Undeveloped land, Cheshire, Iowa														
1	VOINOVICH AND REID ETHICS VIDEOS LTD. PARTNERSHIP WASHINGTON, D.C.													
2	LTD. PARTNERSHIP WASHINGTON, D.C.													
3	(MAKING AND DISTRIBUTION OF ETHICS VIDEOS)													
4														
5														
6	Liquid Brick LLP, Holding Co., Richmond, VA													
7	Undeveloped Land, LaPlata, MD	X												
8	SF Home Rental, wash, DC		X											
9	SF Home Rental, sevens, MD		X											
10														
EXEMPTION TEST (see instructions before marking box). If you certified any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.														
** This category applies only if the asset is held independently by the spouse or dependent child. If the asset is held either held by the filer or jointly held, use the other categories of value, as appropriate.														

If the type of income is "Other", the actual amount must be disclosed

List underlying assets for Holding Companies.

Reporting Individual's Name		PART IV. TRANSACTIONS										Page Number	
JOE FILER												5	
Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.		Transaction Type (x) Purchase Sale Exchange			Amount of Transaction (x) None \$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 Over \$1,000,000**								
Identification of Assets Example: DC, IBM Corp. (stock) NYSE or J, Microsoft (stock) NASDAQOTC					Transaction Date (Mo., Day, Yr.) 2/1/0X 1/27/0X								
1	MOOLAH, INC (NYSE)	X											
2	MICROSOFT		X										
3													
4													
5	Target (stock)		X										
6	Walmart (stock)		X										
7													
8													
9													
10													
11													
12													
EXEMPTION TEST (see instructions before marking box). If you certified any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.													
** This category applies only if the asset is held independently by the spouse or dependent child. If the asset is held either held by the filer or jointly held, use the other categories of value, as appropriate.													

Do not leave the Transaction Date Empty. The full date must be entered mm/dd/yr. mm/yr is not acceptable.

Reporting Individual's Name JOE FILER		PART V. GIFTS		Page Number 6
Report the source, brief description and value of all gifts aggregating more than \$335 in value received by you, your spouse, or your dependent child, (See p. 3 CONTENTS OF REPORTS Part B of Instructions), from each source. Gifts with a value of \$134 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the instructions.				
<p>Exclude: (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages <u>unless</u> consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.</p>				
Name of Income Source	Address of Source	Dates and Brief Description	Gift Value	
Example: Mr. John Q. Smith	Anytown, VA	August 12, 2006, Silver platter - Ethics Committee waiver granted	\$400	
1 CHARLES GENEROUS	WASH, D.C.	JULY 9, 2007- MARBLE STATUE	\$500	
2		(ETHICS COMMITTEE WAIVER GRANTED)		
3				
4				
5				
6				
7 JOHN GERTZ	(?)	July 8, 2007, Marble Statue - waiver granted	\$500	
8 LONGO ASSOCIATES	NAPLES, FL	Royal Palm Tree - waiver granted (? - Date)	\$300	
9				
10				
11				
12				

Disclosure of gifts does not authorize their acceptance which may otherwise be a violation of Senate Rule 35

Include the Address of Source
Include the Date in the Dates and Brief Description

Note: The Senate Gift Rule prohibits most gifts in excess of \$49.99.

FILE FORM WITH: SECRETARY OF THE SENATE OFFICE OF PUBLIC RECORDS 300 EAST BROADWAY WASHINGTON, DC 20540		RE - 1 / 2 Travel Form	
EMPLOYEE ADVANCE AUTHORIZATION AND DISCLOSURE OF TRAVEL REIMBURSEMENT			
Part I: (Complete this section in advance of the travel.)		I, <u>Amended Version</u>	
I, <u>Z. Senator</u> , hereby authorize, <u>Joe Filer</u> <small>(Please print name of Member or Officer)</small> <small>(Please print name of Staff Member)</small> a staff member under my direct supervision, to accept reimbursement for necessary transportation, lodging, and related expenses for travel to the event described below. I have determined that this travel is in connection with his/her duties as a Senate employee of an officeholder, and will not create the appearance that he/she is using public office for private gain.		→ All Staffers fill out RE - 1 / 2 → Forms should be filed with OPR within 30 days after completion of travel. → Make sure all signatures and dates are filled in before form is turned in to OPR. → Available on-line	
Reimbursement, or payment of necessary expenses, to be made by: <u>Factfind Exotica, Inc.</u> Dates of the reimbursed travel: <u>March 15-17, 2007</u> Place of travel: <u>Peoria, Illinois</u> Purpose of travel: <u>Speaking engagement</u>			
3/12/07 <u>Z. Senator</u> <small>Date</small> <small>Signature of Member or Officer</small>			
Part II: (Complete this section after the travel is completed.)			
In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed to me, as set out above:			
PLEASE FILL IN THE APPROPRIATE BOXES: <small>(Please include one expense reimbursed for an accompanying spouse or dependent.)</small>			
(Check One) <input type="checkbox"/> METHOD <input checked="" type="checkbox"/> GOOD FAITH ESTIMATE <input type="checkbox"/> ACTUAL REIMBURSEMENT	TOTAL TRANSPORTATION EXPENSES	TOTAL LODGING EXPENSES	TOTAL MEAL EXPENSES (Other)
	\$625	\$275	\$150
8/12/07 <u>Joe Filer</u> <small>Date</small> <small>Signature of Staff Member</small>			
I have made a determination, that the expenses set out in Part II, in connection with travel described in Part I, are necessary transportation, lodging, and related expenses as defined in Rule 35.			
8/14/07 <u>Z. Senator</u> <small>Date</small> <small>Signature of Member or Officer</small>			
FILE THIS FORM WITH THE OFFICE OF PUBLIC RECORDS WITHIN 30 DAYS AFTER COMPLETION OF TRAVEL.			

FILE FORM WITH: SECRETARY OF THE SENATE OFFICE OF PUBLIC RECORDS 300 EAST BROADWAY WASHINGTON, DC 20540		RE - 3 Travel Form	
DISCLOSURE OF MEMBER OR OFFICER'S REIMBURSED TRAVEL EXPENSES			
(THIS DISCLOSURE MUST BE PROVIDED TO THE SECRETARY OF THE SENATE WITHIN 30 DAYS AFTER THE TRAVEL IS COMPLETED.)			
In compliance with Rule 35.2(a) and (c), I, <u>Z. Senator</u> , make the following disclosures with respect to travel expenses that have been or will be reimbursed to me.		→ Only Members & Officers of the Senate fill out RE-3. → Forms should be filed with OPR within 30 days after completion of travel. → Make sure the form is signed and dated, before it is turned in to OPR. → Available on-line	
I, <u>Amended Version</u> Reimbursement, or payment of necessary expenses, to be made by: <u>Factfind Exotica, Inc.</u> Dates of the reimbursed travel: <u>March 15-17, 2007</u> Place of travel: <u>Peoria, Illinois</u> Purpose of travel: <u>Speaking engagement</u>			
3/20/07 <u>Z. Senator</u> <small>Date</small> <small>Signature of Member or Officer</small>			
PLEASE FILL IN THE APPROPRIATE BOXES: <small>(Please include one expense reimbursed for an accompanying spouse or dependent.)</small>			
(Check One) <input type="checkbox"/> METHOD <input checked="" type="checkbox"/> GOOD FAITH ESTIMATE <input type="checkbox"/> ACTUAL REIMBURSEMENT	TOTAL TRANSPORTATION EXPENSES	TOTAL LODGING EXPENSES	TOTAL MEAL EXPENSES (Other)
	\$625	\$275	\$150
I have made a determination, that the travel described above was in connection with my duties as an officeholder, and did not create the appearance that I was using public office for private gain.			
3/20/07 <u>Z. Senator</u> <small>Date</small> <small>Signature of Member or Officer</small>			
FILE THIS FORM WITH THE OFFICE OF PUBLIC RECORDS WITHIN 30 DAYS AFTER COMPLETION OF TRAVEL.			

Reporting Individual's Name JOE FILER		PART VI. REIMBURSEMENTS		Page Number 7
<p>Report necessary travel related expenses from each source aggregating more than \$335 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$335, then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$335. Report Gifts of travel in Part V.</p> <p>Exclude: Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see instructions.</p>				
Name of Income Source		Address of Source	Dates and Brief Description	
Example:	All States Company	Maintown, TX	EXAMPLE Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement, May 1-3, 2007	
1	FACTFIND EXOTICA, INC.	ORLANDO, FL.	ROUNDTRIP AIR, LODGING, AND MEALS FROM WASH, DC TO PEORIA, ILL FOR SPEAKING ENGAGEMENT, MARCH 15-17, 2007	
2				
3				
4				
5				
6				
7				
8				
9				
10	RUSSELL COMPANY	(?)	Roundtrip air from DC to San Diego, CA, lodging and meals (?)	
11				
12				
13				

Travel reported on Rule 35 Forms (RE-1/2, RE-3) pursuant to Rule 35 (within 30 days of travel) does not have to be disclosed again on Part VI

**Include the Address of Source
Include the Date in the Dates and Brief Description**

Reporting Individual's Name JOE FILER		PART VII. LIABILITIES		Page Number 8
<p>Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in instructions. See instructions for reporting revolving charge accounts.</p>				
Name of Creditor		Address	Type of Liability	Category of Amount of Value (s)
Example:	First District Bank	Wash, DC	Mortgage on undeveloped land	1981 15% 25yrs
	(/J) John Jones	Wash, DC	Promissory Note	1989 10% On/dmd
1	LEGBREAKER BANK	NY, NY	UNSECURED LOAN	2007 100% On/dmd
2				
3				
4				
5				
6				
7	First US Bank	First US Bank	Unsecured Loan	2006 (?) (?)
8				
9				
10				
11				
12				
13				

Do not Leave the Items (Interest Rate , Term if Applicable) empty

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset leaves held independently by the spouse or dependent child. If the asset leaves held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name JOE FILER		PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT		Page Number 9
<p>Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.</p> <p>Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.</p>				
Name of Organization		Address (City, State)	Type of Organization	Position Held
Example:	National Assn. of Book Collectors	NY,NY	EXAMPLE Non-profit education	President
	Jones & Smith	Hometown, USA	EXAMPLE Law Firm	Partner
1	DEWEY, CHEATEM & HOWE	NEW YORK, NY	Non-Profit Education	DIRECTOR
2	GOOD SAMARITAN CHARITY	WASHINGTON, DC	CHARITY	BOARD MEMBER
3				
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13				

Remember that compensation in excess of \$200 from any position must be reported on Part II (Earned and Non-Investment Income)

Compensation in excess of \$200 from any position must be reported in Part II.

