

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR** 1/1/91 to 5/1/92

(Periods Must Overlap)

**FORM B**

For use by candidates for the office of Member and new employees

Earl Frederick Hilliard

(Print Name)

1625 Casleberry Way

(Complete Address)

(205) 798-7352

Telephone:

Birmingham, Alabama 35214

Filer

Candidate for the House of Representatives

State: Alabama  
District: 07

Date of Election: June 2, 1992

Check if Amendment

New officer or employee

Employing office: \_\_\_\_\_

In all sections, please type or print clearly in black ink.

**PART I - EARNED INCOME (INCLUDING HONORARIA)**

List the source, type, and amount of earned income, including honoraria, from any source (other than the filer's current employment by the U.S. Government) aggregating \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, only the source, not amount of earned income needs to be reported, except for honoraria, for which the source and amount must be reported. See instructions, page 10.

NONE

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Corporation, Houston, Texas	Salary	\$8,300	\$28,450
First Bank & Trust, Houston, Texas	Director's Fee	400	\$3,200
ABC Trade Association, Chicago, Ill. (Filed 12-2-90)	Honorarium	NA	\$1,000
Harris County, Texas, Public Schools	Spouse Salary	NA	NA
Hilliard & Burns, P.C., 1919 Morris Avenue, Ste. 1500, Birmingham, AL 35203	salary	13,191.00	31,141.38
State of Alabama, Montgomery, AL 36130	salary/expenses	17,620.00	27,513.33
Alabama Cable Television Association :04/01/92	Honoraria	500.00	

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JUL 09 1992  
U.S. HOUSE OF REPRESENTATIVES  
OFFICE USE ONLY

EXHIBIT 55

**PARTS II and III-ASSETS AND "UNEARNED" INCOME**

Reporting Individual's Name  
**Earl Frederick Hilliard**

In BLOCK A report (a) the identity of each asset held during the preceding year and/or in the current year up to a date within 31 days of the filing date which had a fair market value exceeding \$1,000 as of the end of the period and (b) any other asset or source of income which generated \$200 or more in "unearned" income during the period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating \$5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B, indicate the category of value for each asset listed in Block A which had a fair market value exceeding \$1,000 as of a date within 31 days of the filing date, stated below. Specify any alternative valuation method.

In BLOCK C, indicate the type and category of value of any "unearned" income aggregating more than \$200 received during the current year to the filing date and, separately, the preceding calendar year, from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only the value and indicate "N/A" for income.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) For further information, see instructions, pages 12-14.

Information current as the following date: **11/19/72**

NONE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset								BLOCK C Income																																											
		Reporting Date Value (X)								Type of Income (X)																																											
		A	B	C	D	E	F	G	H	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER (SPECIFY)	I	II	III	IV	V	VI	VII	VIII	IX	I	II	III	IV	V	VI	VII	VIII	IX																		
ABC Corporation Stock			X									X																											X														
George Wash. Credit Union Account									X						X																																						
182 Main Street, Dover, Delaware																																																					
Hilliard and Company, Inc.	X																																																				
Hilliard and Burris, P.C.									X																																												

For additional assets and unearned income, use next page

Page 2 of 5

Financial Disclosure B-2

# PARTS II AND III - ASSETS AND 'UNEARNED' INCOME

Reporting Individual's Name  
 Earl Frederick Hilliard

Continuation Sheet (if needed)

**BLOCK A**

Asset and/or Income Source

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.

**BLOCK B**

Valuation of Asset

Reporting Date Value (X)

A	None
B	Less than \$1,001
C	\$1,001 - \$15,000
D	\$15,001 - \$50,000
E	\$50,001 - \$100,000
F	\$100,001 - \$250,000
G	\$250,001 - \$500,000
H	\$500,001 - \$1,000,000
I	over \$1,000,000

Indicate:  
 N after  
 relative  
 valuation  
 method  
 (X)  
 Attach  
 explanation

**BLOCK C**

Income

Type of Income (X)

<input type="checkbox"/>	DIVIDENDS
<input type="checkbox"/>	RENT
<input type="checkbox"/>	INTEREST
<input type="checkbox"/>	CAPITAL GAINS
<input type="checkbox"/>	EXCEPTED TRUST
<input type="checkbox"/>	QUALIFIED BLIND TRUST
<input type="checkbox"/>	OTHER (Specify)

Category of Amount of Income (X)

Current Year to Date		Preceding Year	
I	II	I	II
None	Less than \$201	None	Less than \$201
I	\$201 - \$1,000	II	\$201 - \$1,000
II	\$1,001 - \$2,500	III	\$1,001 - \$2,500
III	\$2,501 - \$5,000	IV	\$2,501 - \$5,000
IV	\$5,001 - \$15,000	V	\$5,001 - \$15,000
V	\$15,001 - \$50,000	VI	\$15,001 - \$50,000
VI	\$50,001 - \$100,000	VII	\$50,001 - \$100,000
VII	\$100,001 - \$1,000,000	VIII	\$100,001 - \$1,000,000
VIII	over \$1,000,000	IX	over \$1,000,000

S,  
DC,  
JT

Reporting Individual's Name  
Earl Frederick Hilliard

**PART IV - LIABILITIES**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 16.

NONE

S, DC, JT	Creditor	Type of Liability	Category of Amount or Value (X)							
			B 1-10,000	C 10,000-100,000	D 100,000-1,000,000	E 1,000,000-10,000,000	F 10,000,000-100,000,000	G 100,000,000-1,000,000,000	H 1,000,000,000 and over	
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main Street, Dover, Del.				X				
JT	FirstSouth Bank, Birmingham, AL	Signature Loan		X						

**PART V - POSITIONS**

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political societies, and positions solely of an honorary nature need not be shown.

NONE

Position	Name of Organization
President/Chairman of the Board of Directors	Hilliard and Company, Inc.
President/Chairman of the Board of Directors	American Trust Life Insurance Company

**PART VI - AGREEMENTS (FOR NEW EMPLOYEES ONLY, NOT CANDIDATES)**

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of 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. For further information, see instructions, page 23.

Reporting Individual's Name  
Earl Frederick Hilliard

Date	Parties To	Terms of Agreement
		NONE <input checked="" type="checkbox"/>

**PART VII - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any not-for-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. For further information, see instructions, page 23.

Source (Name and Address)	Brief Description of Duties	NONE <input checked="" type="checkbox"/>
Example: One Jones & Smith, Hometown, USA Metro University (client of One Jones & Smith), Moneytown, USA	Accounting services Legal services in connection with university construction	

**PART VIII - ADDITIONAL INFORMATION AND CERTIFICATION**

**TRUSTS** - Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a Qualified Blind Trust or other exempted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.)

**EXEMPTION TEST** - Have you certified any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions, page 6.)

Yes  No  NA

Yes  No  NA

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 5, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. 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. 5 § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL  
*Earl F. Hilliard*

DATE (Month, Day, Year)  
07/07/92

**UNITED STATES HOUSE OF REPRESENTATIVES**

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A

For use by Members, officers, and employees

Earl F. Hilliard

1625 Castleberry Way

Birmingham, Alabama 35214

(202) 226-2665

RECEIVED  
OFFICE OF THE CLERK  
1993 MAY 14 PM 3:43  
DEPT. OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Member of the U.S. House of Representatives  
State: AL District: 7th CD  
Employer:  Officer or Employee  
Employing Office:  Employment Office  
Termination Date:  Termination

*MW*  
**HAND DELIVERED**  
(Office Use Only)

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than \$200 from any source in the reporting period? If yes, Complete and Attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$250 from one source)? If yes, Complete and Attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, Complete and Attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

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 a dependent child? (See instructions, page 10.)  
Yes  No

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 these tests for exemption? (See instructions, page 11.)  
Yes  No

**CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. 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. § 1003).

SIGNATURE OF REPORTING INDIVIDUAL

*Earl F. Hilliard*

DATE (Month, Day, Year)

5/14/93

Reporting Individual Name  
**Earl F. Willard**

**SCHEDULE 1—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; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

Source	Type	Amount ...
State College	Approved Teaching Fee	\$8,000
State of Maryland	Legislative Pension	\$8,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Fulton County Board of Education	Spouse Salary	NA
Willard and Burns, P.C.	Salary	\$4,760.00
State of Alabama	Salary Expenses	\$32,490.00
Alabama Cable Television Assoc. (04-01-92)	Honoraria	\$500.00





Reporting Individual's Name  
**Earl F. Hilliard**

**SCHEDULE V - LIABILITIES**

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. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 81.

S, DC, JT	Creditor	Type of liability	Category of Amount of Value (X)							
			B 1-10,000\$	C 10,000-15,000\$	D 15,000-25,000\$	E 25,000-50,000\$	F 50,000-100,000\$	G 100,000-1,000,000\$	H 1,000,000\$ and over	
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St., Dover, Del.				X				
ST	Air South Bank, Birmingham, Al.	Signature Loan		X						

**SCHEDULE VI - GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of \$100 or less need not be added toward the \$250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to \$250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (valued received from Committee on Standards)	\$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A  
For use by Members, officers, and employees

FILED  
1994 MAY 16 9M 3: 15  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Earl Frederick Hilliard

(Full name)

P. O. Box 11385

(Mailing address)

(202) 225-2665

(Office telephone)

Birmingham, Alabama 35202-1385

Member of the U.S. House of Representatives  
State: Alabama District: 7th C.D.  
Annual (May 15)  Amendment

Officer or Employee

Employing Office:

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

HAND DELIVERED

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Did any individual or organization make a donation to charity in the reporting period? If yes, complete and attach Schedule II.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$250 from one source)? If yes, complete and attach Schedule VII.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>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.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, complete and attach Schedule IV.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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? (See instructions, pages 10-11.)

Yes  No

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? (See instructions, page 11.)

Yes  No

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1976, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. 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).

SIGNATURE OF REPORTING INDIVIDUAL

Earl F. Hilliard

DATE (Month/Day/Year)

May 16, 1994

**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. For further information, see Instructions, pages 12-13.

Source	Type	Amount
Jefferson University State of Maryland Civil War Roundtable (Oct. 2001) Fairfax County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,600 \$9,000 \$1,000 N/A
Alabama Community Assistance Program	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule B.

**SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

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. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 10, 1993	\$2,000 \$500
St. John Baptist Church, Hurstville, AL	Speech	4/11/93	500.00
Mt. Olive Baptist Church, Anniston, AL	Speech	9/12/93	1,000.00
25th Avenue Baptist Church, Birmingham, AL	Speech	12/05/93	250.00
AMBP, Atlanta, GA	Speech	12/28/93	1,380.00

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name **Earl Frederick Hilliard**

Page **3** of **8**

**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 year, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than \$1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interests 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.

For further information, see Instructions, pages 14-20.

SP, DC, JT Examples: SP Mega Corp. Stock  
123 Main St., Dover, Del.  
JT 1st Bank of Peoria, IL accounts

*State of Alabama Pension Fund  
Hilliard For Congress  
(account receivables)*

**BLOCK B**  
**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 and is included only because it generated income, the value should be "None."

A	None
B	\$1 - \$1,000
C	\$1,001 - \$15,000
D	\$15,001 - \$50,000
E	\$50,001 - \$100,000
F	\$100,001 - \$250,000
G	\$250,001 - \$500,000
H	\$500,001 - \$1,000,000
I	Over \$1,000,000

**BLOCK C**  
**Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

<input checked="" type="checkbox"/>	DIVIDENDS
<input checked="" type="checkbox"/>	RENT
<input checked="" type="checkbox"/>	INTEREST
<input type="checkbox"/>	CAPITAL GAINS
<input type="checkbox"/>	EXCEPTED TRUST
<input type="checkbox"/>	QUALIFIED BLIND TRUST

**BLOCK D**  
**Amount of Income**

For IRAs and retirement plans that are not self-directed, you may write "N/A" for income.

<input checked="" type="checkbox"/>	None
<input type="checkbox"/>	\$1 - \$200
<input checked="" type="checkbox"/>	\$201 - \$1,000
<input checked="" type="checkbox"/>	\$1,001 - \$2,500
<input type="checkbox"/>	\$2,501 - \$5,000
<input checked="" type="checkbox"/>	\$5,001 - \$15,000
<input type="checkbox"/>	\$15,001 - \$50,000
<input type="checkbox"/>	\$50,001 - \$100,000
<input type="checkbox"/>	\$100,001 - \$1,000,000
<input type="checkbox"/>	Over \$1,000,000

**BLOCK E**  
**Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

P S E

**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**

Continuation Sheet (if needed)

NAME: **Barj Frederick Hilliard**

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction	
	A	B	C	D	E	F	G	H	I	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I	II	III	IV	V	VI	VII	VIII	IX	R, S, E	
N/A																										

**SCHEDULE IV — TRANSACTIONS**

Name: **Part I Frederick Hilliard** Pages: **08**

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. 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. For further information, see instructions, pages 20-21.

SP, DC, JT **Asset**  
 Example: **Mega Corporation Common Stock**

	Type of Transaction			Date (MM/DD/YYYY)	Amount of Transaction								
	PURCHASE	SALE	EXCHANGE		A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H Over \$5,000,000	
N/A	X			10-12-83			X						

**SCHEDULE V — LIABILITIES**

*Newkirk Frederick Hilliard*

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 mortgages on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period exceeded \$10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability							
			B \$10,001-\$15,000	C \$15,001-\$50,000	D \$50,001-\$100,000	E \$100,001-\$250,000	F \$250,001-\$500,000	G \$500,001-\$1,000,000	H More than \$1,000,000	
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.								
JT	AmSouth Bank, Birmingham, Al.	Signature Loan		X						

**SCHEDULE VI — GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$250 received by you, your spouse, or a dependent child from any source during the year. 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 \$100 or less need not be added towards the \$250 disclosure threshold.  
 Note: House Rule 43, clause 4, prohibits most gifts exceeding \$250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (value received from Certificate on Standards)	\$270
N/A		

Use additional sheets if more space is required.



**SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL**

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$250 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 reimbursed or 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); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure -- Destination(s) -- Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce Megal Corporation	Mar. 2 Aug. 6-13	Wash., D.C. -- Chicago -- Wash., D.C. Wash., D.C. -- Los Angeles -- Cleveland	N Y	N Y	N Y	N 4 Days
Coordination Council for North American Affairs	Apr. 4-10	Wash., D.C. -- Los Angeles -- Taiwan -- Los Angeles -- Atlanta -- Birmingham	Y	Y	Y	N
American Israel Educ. Found.	June 1-8	Birmingham -- New York -- Tel Aviv -- New York -- DC	Y	Y	Y	N
Congressional Black Caucus	June 24-27	Wash., D.C. -- Los Angeles -- Wash., D.C.	Y	Y	Y	N
Far East Studies Institute	Aug. 10-26	Wash., D.C. -- Tokyo -- Beijing -- Peking -- Hong Kong -- Tokyo -- Chicago -- Wash., D.C.	Y	Y	N	N
Comte. on Agric. Virgin Island Senate	Sept. 1-2	Birmingham -- St. Thomas Virgin Island -- B'ham	Y	Y	N	N
Metropolitan Comm. Church.	Dec. 2-3	Birmingham -- Los Angeles -- Birmingham	Y	Y	N	N
Chicago Mercantile Exch.	Dec. 17	Birmingham -- Chicago -- Birmingham	N	Y	N	N

This page may be copied if more space is required.

**SCHEDULE VIII — POSITIONS**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Tuskegee University (uncompensated)
Trustee	Miles College Law School (uncompensated)

**SCHEDULE IX — AGREEMENTS**

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 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. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A  
For use by Members, officers, and employees

Earl Frederick Hilliard

(Full Name) (202) 225-2665

(Working Address)

Daytime Telephone

RECEIVED  
1995 MAY -9 AM 7:22  
U.S. HOUSE OF REPRESENTATIVES  
OFFICE USE ONLY  
9

(Office Use Only)

Birmingham, Alabama 35202-1385

State: Alabama

Officer or Employee

Employing Office:

Territorial

Territorial Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Member of the U.S. House of Representatives

District: 7th, C. R.

Amendment

Territorial

Territorial Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$250 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions (a or before the date of filing in the current calendar year)? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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? (See Instructions, pages 10-11.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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? (See Instructions, page 11.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1976, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. 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. 5, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl F. Hilliard DATE (Month/Day/Year): 5/3/95









# SCHEDULE IV — TRANSACTIONS

Name Earl Frederick Hilliard

Page 5 of 8

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. 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. For further information, see Instructions, pages 20-21.

SP, DC, JT	Asset	Type of Transaction			Date (MO/DAY/YR)	Amount of Transaction												
		PURCHASE	SALE	EXCHANGE		B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001 - \$250,000	F \$250,001 - \$500,000	G \$500,001 - \$1,000,000	H over \$1,000,000						
SP	Example: Mega Corporation Common Stock	X			10-12-94		X											
	N/A																	



**SCHEDULE V — LIABILITIES**

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 tented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period exceeded \$10,000. For further information, see instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability							
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H over \$1,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		X						
JT	Example: Bank of Birmingham, Alabama	Signature Loan			X					
	National Bank of Commerce, Birmingham, Alabama	Signature Loan								

**SCHEDULE VI — GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$250 received by you, your spouse, or a dependent child from any source during the year. 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 \$100 or less need not be added towards the \$250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding \$250. For further information, see instructions, pages 28-29.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (wager received from Committee on Standards)	\$270
N/A		

Use additional sheets if more space is required.

**SCHEDULE VII — FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL**

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$250 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 reimbursed or 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); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination— Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included?	Any time not at sponsor's expense
<i>Examples:</i> Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Congressional Black Caucus Roundtable	Mar. 19–20	Birmingham, Charlotte, Miami, Wash., DC	Y	Y	Y	N
Florida Public Policy Conference		Birmingham, Atlanta, Los Angeles, Singapore, Jakarta	Y	Y	N	N
Selma Dallas County Economic Development Authority	Jun. 24–29	Tokyo, Wash., DC				
St. John's University	Sept. 10–11	Wash., DC, New York, Wash., DC	Y	Y	N	N
The National Agricultural Chemicals Association	Sept. 23–25	Wash., DC, White Sulphur Springs, WV, Wash., DC	Y	Y	Y	N
Tenth Annual Research Symposium Association of Research Directors	Oct. 1–3	Birmingham, New Orleans, Birmingham	Y	Y	N	N
1980 Land Grant Colleges and University)						

**SCHEDULE VIII — POSITIONS**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Tuskegee University (uncompensated)
Trustee	Miles College Law School (uncompensated)

**SCHEDULE IX — AGREEMENTS**

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 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. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A		

Earl Frederick Hilliard

(Print Name)

P.O. Box 11385

(Mailing Address)

Birmingham, Alabama 35202-1385

96 MAY 16 PM 12:33  
202 225 2266  
COMMITTEE ON STANDARDS

RECEIVED

OFFICE OF THE CLERK  
U.S. REPRESENTATIVES  
HAND DELIVERED  
(Office Use Only)

96 MAY 15 PM 5:18

Filer Status:  Member of the U.S. House of Representatives  
 State: Alabama  
 District: 7th C.D.  
 Officer or Employee:  Officer or  Employing Office:  
 Report Type:  Annual (July 15)  Amendment  
 Termination Date:  Termination

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

ELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or honoraria) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did any individual or organization make a donation to charity in your name or for a spouse, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$250 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you, your spouse, or a dependent child have any reportable income (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

DISCLOSURE OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

ST-5.—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? (See Instructions, pages 10-11.)

Yes  No

APP-1.—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they fall under any of the following categories? (See Instructions, page 11.)

Yes  No

NOTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon request and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. 890, 6, §104).

NATURE OF REPORTING INDIVIDUAL

*Earl F. Hilliard*

DATE (Month/Day/Year)  
*May 15, 1996*

**SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

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 or of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 19, 1994	\$2,000 \$500
St. John University	Forum participant	Oct. 17, 1995	\$1,000
Gallilee Baptist Church, Birmingham, Alabama	Speech	March 10, 1995	\$75.00

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**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 year, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide the name of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than \$1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

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

For additional information, see Instructions, pages 14-20.

Examples:

SP	Mega Corp. Stock
	123 Main St., Dover, Del.
	1st Bank of Paducah, KY accounts

St. of Ala. deferred Payment

Hilliard & Co. Inc.

BLOCK B											BLOCK C						BLOCK D									BLOCK E	
Value of Asset											Type of Income						Amount of Income									Transaction	
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 and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRAs and retirement plans that are not self-directed, you may write in "NA" for income.									Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.	
A	B	C	D	E	F	G	H	I	J	K	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
None - \$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																											

For additional assets and unearned income, use next page.

**SCHEDULE IV — TRANSACTIONS**

Name **KARL FREDERICK HILLIARD**

Page **4** of **...**

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. 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. For further information, see Instructions, pages 20-21.

I, JT	Asset	Type of Transaction			Date (MO/DAY/YR)	Amount of Transaction												
		PURCHASE	SALE	EXCHANGE		B -\$1,000 -\$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000			
Example:	Mega Corporation Common Stock	X			10-12-95		X											
	Am. Trust Comm. Corp. Promissory Note			X	July 1995			X										

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; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period exceeded \$1,000. For further information, see Instructions, pages 21-22.

Creditor	Type of Liability	Amount of Liability										
		B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
Amsouth Bank, Birmingham, Alabama	Loan		X									
National Bank of Commerce	Loan				X							
SouthTrust Bank	Loan				X							
William Parker, Birmingham, Alabama	Mortgage on 1614-3rd Ave. N., Birmingham, AL				X							

**SCHEDULE VI — GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$250 received by you, your spouse, or a dependent child from any source during the year. **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. Gifts with a value of \$100 or less need not be added towards the \$250 disclosure threshold. House Rule 43, clause 4, prohibits most gifts exceeding \$250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (silver received from Committee on Standards)	\$270

Use additional sheets if more space is required.



EDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Indicate: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$250 received by your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the source.

Source	Date(s)	Point of Departure—Destination— Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chicago Chamber of Commerce Foyeroth Corporation	Mar 2 Aug. 6-13	Wash., D.C.—Chicago—Wash., D.C. Wash., D.C.—Los Angeles—Cleveland	N Y	N Y	N Y	N 4 Days
Tuskegee University	March 29	Wash., D.C.—Mont., AL Tuskegee, AL—Mont., AL	N	Y	N	N
"	"	Wash., D.C.				

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**DULE VIII — POSITIONS**

all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, for, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor union, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee /	<del>Muskege University (uncompensated)</del>
Trustee /	Miles College Law School (uncompensated)
Director /	Hilliard & Co. Inc. (uncompensated)
Director /	American Trust Life Insurance Company (uncompensated)
Director /	American Trust Corporation (uncompensated)
Director /	American Trust Communication Corporation (uncompensated)

**DULE IX — AGREEMENTS**

of 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 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. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
None	N/A	

Form A  
For use by Members, officers, and employees

97 MAY 15 AM 10:55

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Derrick Hillard

(Full Name)

Longworth House Office Building

(Mailing Address)

DC 20515

Daytime Telephone:  
(202) 225-2665

HAND DELIVERED

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: AL	<input type="checkbox"/> Office or Employee	<input type="checkbox"/> Emptying Office	<input type="checkbox"/> Termination	Termination Date:
<input checked="" type="checkbox"/> Annual (May 15)	District: 07	<input type="checkbox"/> Amendment	<input type="checkbox"/>	<input type="checkbox"/>	

PRIMARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Individual or organization made a donation to charity in your name for a speech, appearance, or article in the period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$200 and not otherwise exempt)?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Individual or organization made a donation to charity in your name for a speech, appearance, or article in the period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$200 from one source)?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Individual or organization made a donation to charity in your name for a speech, appearance, or article in the period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VIII. Did you hold any reportable position on or before the date of filing in the current calendar year?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Individual or organization made a donation to charity in your name for a speech, appearance, or article in the period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Individual or organization made a donation to charity in your name for a speech, appearance, or article in the period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

1. Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be reported. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)

Yes  No

2. Have you excluded from this report any other assets, "unearned" income, transactions, or benefits of a spouse or dependent child because they meet tests for exemption? (See instructions, page 11.)

Yes  No

DISCLOSURE -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

Official Disclosures Statement to be reviewed by the Ethics in Government Act of 1976, as amended. The Statement will be available to any requesting person upon request and will be reviewed by the Committee on Standards of Official Conduct or its designees. Any individual who knowingly and willfully falsifies, or who willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

Derrick Hillard

DATE (Month/Day/Year)

5-15-97

**DUPLICATE - LIABILITIES**

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. Any mortgage on your personal residence (unless it is rent-free) loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period exceeded \$10,000. For further information, see pages 21-22.

Creditor	Type of Liability	Amount of Liability
Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	\$100,001 - \$250,000
AmSouth Bank, Birmingham, AL	Loan	\$16,001 - \$50,000
National Bank of Commerce	Loan	\$100,001 - \$250,000
SouthTrust Bank	Mortgage on 1014-3rd Avenue, N., Birmingham, AL	\$100,001 - \$250,000
Wiliam Parker, Birmingham, AL	Mortgage on 1014-3rd Avenue N., Birmingham, AL	\$100,001 - \$250,000
Ave. N., Birmingham, AL	Mortgage on 1014-3rd Avenue N., Birmingham, AL	\$100,001 - \$250,000

**SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS**

Source and for travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$250 received by 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 paid, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount paid. Travel-related expenses provided by federal, state and local governments, or by a foreign government, required to be separately reported under the Travel and Decorations Act (5 U.S.C. 7042); travel paid for by a federal political committee; travel provided for a spouse or dependent child that is totally independent of the reporting to you. For further information, see instructions, pages 24-28.

Source	Date(s)	Point of Departure--Destination-- Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any travel at sponsor's expense 4 Days
Chicago Chamber of Commerce Local Corporation	Mar 2 Apr 5-13	Wash. D.C.-Chicago-Wash. D.C. Wash. D.C.-Los Angeles-Chicago	N Y	N Y	N Y	N
	Nov. 8-12, 1999	Birmingham-Phoenix-Birmingham	Y	Y	N	hp

**SCHEDULE VIII -- POSITIONS**

all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee or an organization, partner, member, or any educational or other institution or other institution other than the United States. For further information, see Instructions, page 26. If positions held in any foreign country, social insurance, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
(uncompensated)	Salem University
(uncompensated)	Tuskegee University
(uncompensated)	Miles College of Law
(uncompensated)	Hilbard & Company, Inc.
(uncompensated)	American Trust Life Insurance Company
(uncompensated)	American Trust Corporation
(uncompensated)	American Trust Communications Corporation

EARL F. HILLIARD  
7th DISTRICT, ALABAMA

COMMITTEE ON AGRICULTURE

SUBCOMMITTEE ON DOMESTIC  
OPERATIONS, NUTRITION,  
AND FOREIGN AGRICULTURE

SUBCOMMITTEE ON LIVESTOCK, DAIRY,  
AND POULTRY

COMMITTEE ON  
INTERNATIONAL RELATIONS

SUBCOMMITTEE ON INTERNATIONAL  
ECONOMIC POLICY AND TRADE

HAND DELIVERED

97 DEC -1 PM 5:51

1214 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-2665

DISTRICT OFFICES:

The PENCE BUILDING  
519 17th Street, North  
Suite 201  
BIRMINGHAM, AL 35203  
(205) 225-2641

8115 DICKENS ROAD SUITE 101  
TUSCALOOSA, AL 35401  
(205) 351-3578

2801 20th Street SE  
Montgomery, AL 36105  
(205) 231-0510

109 FEDERAL BUILDING  
905 ALABAMA AVENUE  
SELMA, AL 36701  
(334) 872-2564

Congress of the United States

House of Representatives

Washington, DC 20515-0107

December 1, 1997

Committee on Standards of  
Official Conduct  
U.S. House of Representatives  
Suite HF-2, The Capitol  
Washington, D.C. 20515

Dear Sir or Madam:

I wish to amend my 1992, 1993, 1994, 1995, 1996, and 1997 Financial Disclosure Statements to reflect the following:

- (1) An 18% interest in the Greater Birmingham Golf Association, Inc.; and
- (2) A 32 percent interest in Hilliard & Company, Inc. (See Attached Amendments)

If you have any questions regarding these modifications, please do not hesitate to contact me at (202) 225-2665.

Sincerely,

*Earl F. Hilliard*

Earl F. Hilliard  
Member of Congress

EFH:pgh





**SCHEDULE III - ASSETS AND "UNEARNED" INCOME** Amendments

Continuation Sheet (if needed)

Name **Earl F. Hilliard**

Page **04**

**BLOCK A**

**Asset and/or Income Source**

SP,  
DC,  
JT

**BLOCK B**

**Year-End Value of Asset**

- A None - \$1,000
- B \$1,001 - \$15,000
- C \$15,001 - \$50,000
- D \$50,001 - \$100,000
- E \$100,001 - \$250,000
- F \$250,001 - \$500,000
- G \$500,001 - \$1,000,000
- H \$1,000,001 - \$5,000,000
- I \$5,000,001 - \$25,000,000
- J \$25,000,001 - \$50,000,000
- K Over \$50,000,000

**BLOCK C**

**Type of Income**

- DIVIDENDS
- RENT
- INTEREST
- CAPITAL GAINS
- EXCEPTED TRUST
- QUALIFIED BLIND TRUST

**BLOCK D**

**Amount of Income**

- I None - \$200
- II \$201 - \$1,000
- III \$1,001 - \$2,500
- IV \$2,501 - \$5,000
- V \$5,001 - \$15,000
- VI \$15,001 - \$50,000
- VII \$50,001 - \$100,000
- VIII \$100,001 - \$1,000,000
- IX \$1,000,001 - \$5,000,000
- X Over \$5,000,000

**BLOCK E**

**Transaction**

P, S, E

Hilliard & Co., Inc.

Greater B'ham Golf Assoc., Inc.

X

X

X

X

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Amendments

1995

Continuation Sheet (if needed)

Name **Earl F. Hilliard**

Page    of   

SP,  
DC,  
JT

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	Dividends	Rent	Interest	Capital Gains	Exempted Trust	Qualified Blind Trust	I	II	III	IV	V	VI	VII	VIII	IX	X		
	None - \$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	\$200	\$201 - \$1,000	\$1,001 - \$2,500	\$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							
Hilliard & Co., Inc.											X							X											
Greater B'ham Golf Assoc., Inc.			X																										

SP, DC, JT indicates that the asset and/or source is reported on the return of the taxpayer's spouse or partner.



BLOCK A  
 Asset and/or Income Source

BLOCK B  
 Year-End  
 Value of Asset

BLOCK C  
 Type of Income

BLOCK D  
 Amount of Income

BLOCK E  
 Transaction

		A	B	C	D	E	F	G	H	I	J	K		I	II	III	IV	V	VI	VII	VIII	IX	X	
None - \$1,000																								
\$1,001 - \$15,000																								
\$15,001 - \$50,000			X																					
\$50,001 - \$100,000																								
\$100,001 - \$250,000					X																			
\$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																								
DIVIDENDS																								
RENT																								
INTEREST																								
CAPITAL GAINS																								
EXCEPTED TRUST																								
QUALIFIED BLIND TRUST																								
None - \$200																								
\$201 - \$1,000																								
\$1,001 - \$2,500																								
\$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																								
P & U																								

Hilliard & Co., Inc.  
 Greater B'ham Golf Assoc., Inc.

FORM NO. 278  
REV. 12-79



RECEIVED  
90 MAY 15 AM 11:52  
U.S. HOUSE OF REPRESENTATIVES  
OFFICE OF THE CLERK

MAILED DELIVERED  
MAY 15 1998

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997**

**PAUL ROEDERER HILLIARD** (Full Name)  
 1314 Lottsford House Drive Duline  
 Washington DC 20315 (Qualifying Address)  
 DYNALIFE TECHNOLOGIES (Employer Name)  
 41001 223-2195 (Employer Phone Number)

Member of the U.S. House of Representatives (Status)  
 State: AL (State)  
 District: 01 (Congressional District)  
 Other: (Other)  
 Report Type: (X) Schedule 10 (Type of Report)  
 Termination Date: (Termination Date)

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

1. Did you, your spouse, or a dependent child receive any level of \$200 primary for any source in the reporting period? (If you complete and attach Schedule 1)

Yes  No  Yes  No

2. Did any portion of a specimen return a violation for which you or your spouse, or a dependent child, were held responsible in the reporting period? (If you, your spouse, or a dependent child received a specimen return for which you or your spouse, or a dependent child, were held responsible in the reporting period, you must attach a copy of the specimen return and any response to that return.)

Yes  No  Yes  No

3. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

4. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

5. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

6. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

7. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

8. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

9. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

10. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

**CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause the information furnished herein to be materially false and misleading.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUSTE INFORMATION - ANSWER EACH OF THESE QUESTIONS**

1. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

2. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

3. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

4. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

5. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

6. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

7. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

8. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

9. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

10. Did you, your spouse, or a dependent child receive any amount of more than \$1,000 in the reporting period from any source other than a salary or honorarium? (If you, your spouse, or a dependent child received more than \$1,000 in the reporting period from any source other than a salary or honorarium, you must attach a copy of the source of the income and any response to that income.)

Yes  No  Yes  No

**SIGNATURE OF REPORTING INDIVIDUAL**  
 Paul R. Hilliard  
 DATE: 5/15/98

Name and address of donor

Page 2 of 5

**SCHEDULE B - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

List the name, address, city, state, zip code, and name of the Department of Revenue of the state in which the organization is located and the name of the charity, and the amount of the payment in lieu of honoraria for each year.

A separate schedule of contributions must be filed for each year and the Department of Revenue of the state in which the organization is located must be notified of the contribution.

Year	Name of the charity	City	State	Zip	Amount
1974	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1975	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1976	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1977	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1978	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1979	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1980	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1981	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1982	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1983	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1984	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1985	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1986	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1987	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1988	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1989	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1990	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1991	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1992	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1993	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1994	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1995	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1996	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1997	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1998	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
1999	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2000	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2001	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2002	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2003	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2004	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2005	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2006	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2007	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2008	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2009	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2010	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2011	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2012	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2013	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2014	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2015	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2016	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2017	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2018	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2019	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2020	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2021	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2022	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2023	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2024	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2025	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2026	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2027	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2028	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2029	Association of American Physicians, Inc.	Bowie	MD	20740	1,000
2030	Association of American Physicians, Inc.	Bowie	MD	20740	1,000

**SCHEDULE V - LIABILITIES**

Report liabilities of your filer(s) owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. List the unpaid amount owed during the period. Exclude any payments for personal liability claims (to the extent of your own assets) or any payments, interest, or applicable and enforceable court orders, of the child, parent, or adult filer of your spouse. Report liability claims as follows: only if the balance at the end of the reporting period exceeded \$10,000. For further information, see instructions, page 21-35.

SPDCSJ	Creditor	Type of Liability	Amount of Liability
Example	First Empire National Bank	mortgage on 123 Main St., New York	\$100,000 - \$250,000
	National Bank of Commerce	Business Loan	\$100,000 - \$250,000
	Federal Government Civil Servant Loan	Business Loan	\$15,000 - \$25,000

**SCHEDULE E - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

On the square, activity (i.e., lecture, appearance, or report) title, and amount of any payment made by the sponsor in an event for conduct of education in lieu of an honorarium. A separate conference or charity meeting each payment must be held during the tax calendar or calendar of official conduct. An invoice for forwarding the data to the sponsor with the sponsor's name and address for further information and instructions, page 1014.

Example	Activity	Date	Amount
1972 lectures	Speech	Feb. 1, 1972	\$5,000
	Speech	Aug. 15, 1972	8000
1973 lectures of Teachers	Speech	Oct. 28	1,000

**SCHEDULE E - LIABILITIES**



SCHEDULE B - LIABILITIES

Report liabilities of over \$10,000 owed to you or another at any time during the reporting period by you, your spouse, or dependent child. List the largest amount owed during the year.

Exclude: any mortgage on your principal residence (unless it is not a self-secure mortgage); forward loans, or installment, loaned funds, or pledges; and liabilities owed to a spouse or dependent child at the end of the reporting period.

Instructions: See page 7150.

SP, DC, J	Category	creditor	Type of Liability	Amount of Liability
	Unsecured	First Bank of Montgomery, Alabama	1st Demand Loan	\$100,000 - \$250,000
	Unsecured	First Bank of Montgomery, Alabama	1st Demand Loan	\$100,000 - \$250,000
	Unsecured	Fidelity Investments Trust Investment Fund	Unsecured Loan	\$10,000 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Identify the source of the travel expense. State the nature of the expense and the amount. Indicate whether the expense is for the taxpayer's spouse, former spouse, or dependent child, and whether the expense is for the taxpayer's self. Indicate whether the expense is for the taxpayer's spouse, former spouse, or dependent child, and whether the expense is for the taxpayer's self. Indicate whether the expense is for the taxpayer's spouse, former spouse, or dependent child, and whether the expense is for the taxpayer's self. Indicate whether the expense is for the taxpayer's spouse, former spouse, or dependent child, and whether the expense is for the taxpayer's self.

Source	Date(s)	Point of Departure - Destination - Point of Return	Lodging?	Food?	Was I Family Member Included?	Any amount in taxpayer's possession?
Security	Aug 1	Wash DC - Chicago - Wash DC	Y	Y	H	No
Security	Aug 20-25	Wash DC - Chicago - Wash DC	Y	Y	H	No
Security	Nov 18-21	DC - Chicago - DC	Y	Y	H	No



CARL F. HALEY  
U.S. SENATOR, MISSOURI  
COMMITTEE ON AGRICULTURE  
Subcommittee on Forestry  
100 Senate Office Building  
Washington, D.C. 20540  
202-512-2100  
FAX: 202-512-2101  
E-MAIL: carl.haley@sen.gov

Congress of the United States  
House of Representatives  
Washington, DC 20515-0107

May 15, 1998

The Honorable Robin H. Carl  
Clerk, U.S. House of Representatives  
Legislative Resource Center  
B-105 Cannon House Office Building  
Washington, D.C. 20515

Dear Ms. Carl:

In accordance with advice received from the Committee on Standards of Official Conduct, please consider this letter an amendment to my Financial Disclosure Statement for calendar years 1992, 1993, 1994, 1995, and 1996. Specifically, by letter dated December 1, 1997, I disclosed income in the Birmingham Greater Golf Association, Inc., and Hillards & Company, Inc. for the years 1992 through 1996 to be included as part of Schedule (I) - Assets and "Unearned" Income. This disclosure was incorrect; neither entity should have been listed for three years.

In addition, Schedule VIII - Positions, should be amended for calendar years 1992, 1993, 1994, 1995, and 1996, to reflect the various organizations in which I held positions, as follows:

**Hillards and Company, Inc.**  
1992 - 1992 - President and Chairman of the Board  
1996 - 1996 - Chairman of the Board

**American Trust Communication Corporation**  
1990 - 1992 - President and Chairman of the Board  
1996 - 1996 - Chairman of the Board

**American Trust Corporation**  
1990 - 1992 - Chairman and President  
1996 - 1996 - Chairman of the Board

**American Trust Broadcasting Corporation**  
1990 - 1992 - Chairman and President

**American Trust Life Insurance Company**  
1990 - 1992 - Chairman and President

<sup>1</sup> I am also disclosing a series of other organizations in which my position is not required to be reported under the EOGA.

U.S. GOVERNMENT PRINTING OFFICE: 1997  
50-10800-100  
5010-108-100  
The House of Representatives  
Washington, DC 20540  
U.S. GOVERNMENT PRINTING OFFICE: 1997  
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U.S. GOVERNMENT PRINTING OFFICE: 1997  
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5010-108-100

Handwritten initials and a checkmark.

Vertical stamp: MAY 15 1998  
Vertical stamp: U.S. HOUSE OF REPRESENTATIVES

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MAY 1998

African American United Fund, Inc.  
1996 - 1998 - Director

World Center for Democracy, Inc.  
1995 - 1998 - Director

The Floated and Associated Officials Educational and Local Defense Fund, Inc.  
1995 - 1998 - Director

The Emory L. Brewer Foundation for Minority Lawyers in Alaska, Inc.  
1995 - 1998 - Trustee

Birmingham-Morehead College Alumni Club, Inc.  
1995 - 1998 - Vice President

Tuskegee University  
1983 - 1998 - Trustee

Miles College Law School  
1980 - 1998 - Trustee

Salem University  
1986 - 1998 - Trustee

Birmingham Greater Golf Association, Inc.  
1987 - 1998 - Director

Sincerely,

Earl F. Hilliard  
Member of Congress

Mr. Hilliard  
U.S. House of Representatives  
Room 2100  
Washington, D.C. 20543

GRANT IS 11/11/92  
U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C. 20543

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A  
For use by Members, officers, and employees

RL FREDERICK HILLIARD

(Full Name)

4 Longworth House Office Building  
Washington

(Mailing Address)  
DC 20515

Daytime Telephone:  
(202) 225-2665

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Member of the U.S. House of Representatives	State: AL	Office or Employee	Employing Office:
<input checked="" type="checkbox"/>	District: 07	<input type="checkbox"/>	
Report type: <input checked="" type="checkbox"/> Annual (May 15)		<input type="checkbox"/> Amendment	Termination Date:
		<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or honoraria) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did any individual or organization make a donation to charity in the reporting period for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$250 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you, your spouse, or a dependent child have any reportable income (from tax-exempt sources) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Are you a spouse, dependent, or trust beneficiary of a person who is a Member, officer, or employee of the House of Representatives? If yes, complete and attach Schedule X.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are you a spouse, dependent, or trust beneficiary of a person who is a Member, officer, or employee of the House of Representatives? If yes, complete and attach Schedule X.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

A financial disclosure statement is required by the Ethics in Government Act of 1978, as amended. The statement will be available to any requesting person upon request and will be reviewed by the Committee on Standards of Official Conduct or its designees. Any individual who knowingly and willfully falsifies, or who omits or conceals material or information, or who provides any false or misleading information, is subject to criminal sanctions (See 5 U.S.C. app. 4, 104 and 16 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

*Carl F. Hilliard*

DATE (Month-Day-Year)

6/15/99

### SCHEDULE H - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

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. Include in each Member's Form package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	\$2,000
XYZ Magazine	Article	Aug. 13, 1994	\$500
International Association of Churches, Inc., Gadsden, AL	Speech	04/19/98	\$ 400
Christian Medical Episcopal Church, Montgomery, AL	Speech	09/12/95	\$ 200
John Baptist Church, Birmingham, AL	Speech	09/24/98	\$ 150
St. Luke-Nashua County Chapter Blacks in Government, Huntsville, AL	Speech	1/1/1999	\$ 250

**SCHEDULE III -- ASSETS AND "UNEARNED" INCOME**

BLOCK A Asset and/or Income Source List each asset held for investment or production of income with a fair market value of \$1,000 at the end of the reporting year. If any other asset or source of income which exceeded more than \$200 in "unearned" income this year, for rental property or land, provide the address. Provide full names of any trust(s) for an IRA or retirement plan that is not selected. For an IRA or retirement plan that is selected, name the institution holding the plan. NOTE: Your personal residence(s) (unless there is income); any debt owed to you by your spouse, or by your or your spouse's child, parent, sibling, any deposits totaling \$5,000 or less in any savings accounts; any financial interests in income derived from U.S. Government retirement bonds.	BLOCK B Value of Asset Value of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D Amount of Income For IRAs and retirement plans that are not self-directed, you may write in "N/A" for income.	BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Other Information: see Instructions, pages 1-4-20 Governmental: Mega Corp. Stock 123 Main St. Dover, Del. First Bank of Delaware, IR accounts	\$15,001 - \$50,000 \$250,001 - \$500,000 \$50,001 - \$100,000	Dividends Rent Interest	\$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 None - \$200	P P
American Trust Corp. (30.8% interest by virtue of Hillard & Company owning 100% of ATC)	\$15,001 - \$50,000			P



**CHEDULE IV -- TRANSACTIONS**

Name **EARL FREDERICK HILLARD**

Page **4** of **7**

Do not 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 in the amount of the transaction 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 estate or sale of your personal residence, unless it is carried out. For further information, see instructions, pages 20-21.

DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/1/2004	\$15,001 - \$50,000
	1306 Pennsylvania Ave., S.E., Washington, D.C. (Purchased in the name of American Trust Corp. - MIC held 30.05% interest in ATC)	Purchase	06/15/98	\$100,001 - \$250,000

**EDULEY V - LIABILITIES**

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; and liabilities owed to a spouse, child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period exceeded \$10,000. For further information, see Section, pages 21-22.

OCJT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	\$100,001 - \$250,000
	Regional Bank of Commerce	Business Loan	\$100,001 - \$250,000
	Federal Retirement Thrift Investment Board	Business Loan	\$15,001 - \$50,000
	Paul Puzza, Port Orange, FL	Business Mortgage on 1305 Palmettoe Ave., S.E. Washington, DC	\$100,001 - \$250,000

**SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS**

By the source and the travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$250 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, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Civil Rights and Decorations Act (5 U.S.C. 7242); travel paid for by a federal political committee; travel provided to a spouse or dependent child that is totally independent of the relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure—Destination— Point of Return		Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time out at sponsor's expense 4 Days
Chicago Chamber of Commerce Maggs Corporation	Mar 2 Aug 2-13	Wash., D.C.	Chicago-Wash., D.C.	N	N	N	
Smith & Popple Institute	March 6-8	Wash., D.C.	Los Angeles-Okechobee	Y	Y	Y	No

**SCHEDULE VIII -- POSITIONS**

of all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule L

Position

Organization

	Member of the Board	Hilbrands and Company, Inc.
	Member of the Board	American Truck Communication Corporation
	Member of the Board	American Truck Corporation
	Member of the Board	African American United Fund, Inc.
	Member of the Board	World Center for Democracy, Inc.
	Member of the Board	The Elected and Appointed Officials Educational and Legal Defense Fund, Inc.
	Member of the Board	Birmingham-Metropolitan College Alumni Club, Inc.
	Member of the Board	Tulipree University
	Member of the Board	Wiles College Law School
	Member of the Board	Selma University
	Member of the Board	Birmingham Greater Golf Association, Inc.

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

RECEIVED

00 JUN 14 PM 1:16

LONGWORTH HOUSE OFFICE BUILDING  
1 LONGWORTH HOUSE OFFICE BUILDING

00 JUN 15 PM 1:39

HAND DELIVERED

(Mailing Address)  
DC 20515

COMMITTEE ON PAYMENTS AND PENSIONS

(Office Use Only)

Member of the U.S. House of Representatives	State: AL	District: 07	Employer or Employee	Employing Office	Termination Date
Annual (May 15)					

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

ELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

5. complete and attach Schedule I.

6. Did you, your spouse, or a dependent child receive "unearned" income (e.g., salaries or honoraria) from any individual or organization while you were a Member of the House of Representatives during the reporting period? If yes, complete and attach Schedule I.

7. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.

8. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (more than \$200 from one source)? If yes, complete and attach Schedule VIII.

9. 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.

10. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.

11. Did you, your spouse, or a dependent child have any reportable exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, complete and attach Schedule IV.

12. Did you, your spouse, or a dependent child have any reportable purchase, sale, or exchange of any asset worth more than \$10,000 during the reporting period? If yes, complete and attach Schedule V.

DISCLOSURE OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

13. 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? If yes, complete and attach Schedule X.

14. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they fall under an exemption? If yes, complete and attach Schedule XI.

DECLARATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

Financial Disclosure Statement is required by the Ethics in Government Act of 1976, as amended. The Statement will be available to any requesting person upon request. This Statement and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who omits or conceals material or information, or who furnishes any false or misleading information, is subject to criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

DECLARATION: 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.

SIGNATURE OF REPORTING INDIVIDUAL: *Carl J. Weiland*

DATE (Month/Day/Year): 6-14-2000

**SCHEDULE I -- EARNED INCOME**

Name EARL FREDERICK HILLIARD

Page 2 of 7

Source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) relating \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any income; list only the source for other income earned. Income excluding \$1,000.

Source	Type	Amount
Keene State	Approved Teaching Fee	\$10,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Delaware County Board of Education	Spouse Salary	NA
University of Alabama, Birmingham	Spouse Consulting Fee	NA

For payments to charity in lieu of honoraria, use Schedule H.

**SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

The source, activity, date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium, payable confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the source included in each Member's filing package.

Source	Activity	Date	Amount
Apples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1989 Aug. 13, 1988	\$2,000 \$ 800
Alabama A&M University	Speech	May 15, 1999	\$500.00

**SCHEDULE III -- ASSETS AND "UNEARNED" INCOME**

**BLOCK A**

**Asset and/or Income Source**

Block 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 source of income which generated more than \$200 in earned income during the year. For rental property owned, provide an address. Provide full names of any individual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned from the account. For an IRA that is not self-directed, provide the institution holding the account and provide its name at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for reporting year.

Block B: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, partner, or child; any debt owed to your spouse, partner, or child; or any debt owed to a dependent child (DC) or is jointly held (JT). In the second column on the left.

**BLOCK B**  
**Value of Asset**

Block B: 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 and is included only because it generated income, the value should be "None."

**BLOCK C**  
**Type of Income**

Block C: If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D**  
**Amount of Income**

Block D: For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E**  
**Transaction**

Block E: Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
<p><b>Examples:</b></p> <p>Mega Corp. Stock 123 Main St., Denver, Del.</p> <p>1st Bank of Paducah, KY accounts</p>	<p>\$15,001 - \$50,000</p> <p>\$250,001 - \$500,000</p> <p>\$50,001 - \$100,000</p>	<p>Dividends</p> <p>Rent</p> <p>Interest</p>	<p>\$201 - \$1,000</p> <p>\$1,001 - \$2,500</p> <p>\$5,001 - \$15,000</p>	<p>P</p>
American Trust Corp. (30.5% interest by virtue of Hilliards & Company owning 100% of ATC)	\$50,001 - \$100,000	NA	None	



**SCHEDULE V -- LIABILITIES**

Name: EARL FREDERICK HILLIARD

Page 5 of 7

Real 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.

Include: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a lease, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year exceeded \$10,000.

DEBTOR	Type of Liability	Amount of Liability
<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	\$100,000 - \$250,000
National Bank of Commerce	Business Loan	\$100,001 - \$250,000
Federal Retirement Thrift Investment Board	Business Loan	\$10,001 - \$15,000
Paul Pizsa, Fort Orange, FL	Business Mortgage on 1306 Pennsylvania Ave., S.E., Washington, DC	\$100,001 - \$250,000

**SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS**

by the sponsor and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$250 received by the sponsor, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the provisions of 5 U.S.C. 7342; political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse dependent child that is jointly independent of both of the relationship to you.

Source	Date(s)	Point of Departure-- Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense ADAYS
Chicago Chamber of Commerce Mega Corporation	Mar 2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N ADAYS
Valley Authority and the Solidarity Fund	Jan. 5, 1999	DC-Quebec & Montreal, Canada-DC	N	Y	N	N
Christopher Reynolds Foundation, Area Foundation, & General Service Foundation	Feb 17-22, 1999	Birmingham, AL-Cuba-Birmingham, AL	Y	Y	N	N
Faith & Politics Institute	Mar 5-7, 1999	DC-Birmingham-Montgomery-Selma, AL-DC	Y	Y	N	N
Seaside Baptist Church	Oct 22-23, 1999	Birmingham, AL-Buttalo, NY-Birmingham, AL	Y	N	N	N
Public Relief Services	Dec 15-20, 1999	Birmingham, AL-Banjul, The Gambia-Birmingham, AL	Y	Y	N	N

**SCHEDULE VIII -- POSITIONS**

List all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Include: Positions held by any relatives, social, fraternal, or political interests; positions solely of an honorary nature; and positions listed on Schedule L.

Position	Organization
Chairman of the Board	Hilliards and Company, Inc.
Chairman of the Board	American Trust Communication Corporation
Chairman of the Board	American Trust Corporation
Director	African American United Fund, Inc.
Director	World Center for Democracy, Inc.
Director	The Elected and Appointed Officials Educational and Legal Defense Fund, Inc.
Director	The Emma L. Bower Foundation for Minority Interest in Media, Inc.
President	Birmingham Morehouse College Alumni Club, Inc.
Trustee	Tuskegee University
Trustee	Miles College Law School
Trustee	Selma University
Director	Birmingham Greater Golf Associates, Inc.