

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2008 FINANCIAL DISCLOSURE STATEMENT**  
**For 2007 Calendar Year Reporting Period**

Form A  
 For use by Members, officers, and employees

**HAND DELIVERED**

RESOURCE CENTER

2008 MAY -9 PM 4:21

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

614-469-5614

(Daytime Telephone)

DEBORAH D. PRYCE

(Full Name)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: OH	District: 15th	<input type="checkbox"/> Officer or Employee
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

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

**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 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 \$305 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 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 \$305 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 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"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/>	No <input 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"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>		

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

<b>TRUSTS</b> —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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>







**SCHEDULE V— LIABILITIES**

Name **DEBORAH D. PRYCE**

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability																		
			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									
	<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X															
	HOMEcomings FINANCIAL (BANK OF AMERICA)	MTG ON PENNSYLVANIA AVE					X														

**SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$305 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 \$122 or less need not be added towards the \$305 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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

Use additional sheets if more space is required.

**SCHEDULE VIII—POSITIONS**

Name **DEBORAH D. PRYCE**

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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 non profit organization, any labor organization, or any educational or other institution other than the United States.

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

Position	Name of Organization
BOARD MEMBER	TRUSTEE OF THE NATIONAL FUND FOR THE US BONTANICAL GARDENS
BOARD MEMBER	KENNEDY CENTER
BOARD OF ADVISORS	CORNERSTONE COMMUNITY SCHOOL
FOUNDER	HOPE STREET KIDS
D	

**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.

Date	Parties To	Terms of Agreement
1978	STATE OF OHIO PUBLIC EMPLOYEE RETIREMENT CHAPTER 145.01 OHIO REVISED CODE	QUALIFIED RETIREMENT PLAN TO BEGIN AT RETIREMENT AGE 65

ACCOUNT # [REDACTED]	F/A# [REDACTED]	PAGE # 1
STATEMENT PERIOD 09/29/07 TO 12/31/07		
FINANCIAL ADVISOR THOMAS C PULERI (614) 428-2571		ACCOUNT TYPE IRA
OFFICE SERVING YOUR ACCOUNT: 2 EASTON OVAL SUITE 100 COLUMBUS OH 43219		

[REDACTED]  
 MLPF& S CUST FPO  
 DEBORAH PRYCE IRA  
 FBO DEBORAH PRYCE  
 [REDACTED]

\*\*\*\*\* ACCOUNT SUMMARY \*\*\*\*\*

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/07. . . .	\$35,186.90	THIS STATEMENT.....	\$2,086.83CR
AS OF 09/28/07. . . .	\$34,592.72	THIS YEAR .....	\$2,266.30CR

\*\*\*\*\* CONTRIBUTION INFORMATION \*\*\*\*\*

TAX YEAR 2006	TAX YEAR 2007
\$ .00	\$ .00

\*\*\*\*\* DISTRIBUTION INFORMATION \*\*\*\*\*

TAX YEAR 2006	TAX YEAR 2007
\$ .00	\$ .00

\*\*\*\*\* MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP \*\*\*\*\*

MONEY ACCOUNT	OCTOBER	NOVEMBER	DECEMBER	CURRENT MONTH'S YIELD %
RETIREMENT RESERVES CL I	\$1.16	\$1.41	\$ .97	4.67
ML BANK USA RASP	\$1.92	\$1.82	\$1.57	.69

\*\*\*\*\* DAILY ACCOUNT ACTIVITY \*\*\*\*\*

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 29	OPENING BALANCE			\$ .14CR
12 05	Received	87 ML RETIREMENT RSRVS CL I		
12 05	Redeemed	87 ML RETIREMENT RSRVS CL I		\$87.00CR
12 05	Journal Entry	ANNUAL ACCOUNT FEE [REDACTED] \$ 86.48		\$86.48
12 18	*Dividend	BLACKROCK GLOBAL ALLOCATION FD INC INSTL PAY DATE 12/17/2007		\$242.22CR
12 18	Reinvestment	BLACKROCK GLOBAL ALLOCATION FD INC INSTL		\$242.22
12 18	*Lg Tm Cap Gain	BLACKROCK GLOBAL ALLOCATION FD INC INSTL PAY DATE 12/17/2007		\$445.28CR
12 18	Reinvestment	BLACKROCK GLOBAL ALLOCATION FD INC INSTL		\$445.28
12 18	*Sh Tm Cap Gain	BLACKROCK GLOBAL ALLOCATION FD INC INSTL PAY DATE 12/17/2007		\$67.67CR
12 18	Reinvestment	BLACKROCK GLOBAL ALLOCATION FD INC INSTL		\$67.67

DECEMBER, 2007

ACCOUNT #	F/A#	PAGE #
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MLPF& S CUST FPO  
DEBORAH PRYCE IRA

***** DAILY ACCOUNT ACTIVITY *****				
DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 18	Divd Reinv	3 BLACKROCK GLOBAL ALLOCATION FD INC INSTL REINV AMOUNT \$67.67 REINV PRICE \$19.6200 QUANTITY BOT 3.4490 AS OF 12/14		
12 18	Divd Reinv	22 BLACKROCK GLOBAL ALLOCATION FD INC INSTL REINV AMOUNT \$445.28 REINV PRICE \$19.6200 QUANTITY BOT 22.6950 AS OF 12/14		
12 18	Divd Reinv	12 BLACKROCK GLOBAL ALLOCATION FD INC INSTL REINV AMOUNT \$242.22 REINV PRICE \$19.6200 QUANTITY BOT 12.3460 AS OF 12/14		
12 18	Journal Entry	1 BLACKROCK GLOBAL ALLOCATION FD INC INSTL FULL SHARE ACCUM SHARE VALUE \$19.49		
12 18	Journal Entry	1 BLACKROCK GLOBAL ALLOCATION FD INC INSTL FULL SHARE ACCUM SHARE VALUE \$19.49		
12 21	*Lg Tm Cap Gain	MFS EMERGING GROWTH FUND CLASS A PAY DATE 12/20/2007		\$1305.68CR
12 21	*Sh Tm Cap Gain	MFS EMERGING GROWTH FUND CLASS A PAY DATE 12/20/2007		\$17.13CR
12 24	Fund Delivery	1323 ML BANK USA RASP		
12 24	Subscription	1323 ML BANK USA RASP		\$1323.00
12 31	CLOSING BALANCE			\$ .47CR

***** CURRENT PORTFOLIO *****					
QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
429.5850	MFS EMERGING GROWTH FUND CLASS A	42.010	\$18046		
665.1290	BLACKROCK GLOBAL ALLOCATION FD INC INSTL	19.840	\$13196	3.13	\$413
TOTALS FOR PRICED INVESTMENTS			\$31242		\$413
MONEY ACCOUNT		OPENING BALANCE AS OF 09/29	CLOSING BALANCE AS OF 12/31	DIVIDENDS/INTEREST THIS STMT. YEAR TO DATE	
RETIREMENT RESERVES CL 1		\$318.62	\$235.16	\$3.54	\$14.66
ML BANK USA RASP		\$2,380.96	\$3,709.27	\$5.31	\$28.43

DECEMBER, 2007

ACCOUNT #	F/A#	PAGE #
[REDACTED]	[REDACTED]	3

MLPF& S CUST FPO  
 DEBORAH PRYCE IRA

FOR PURPOSES OF CALCULATING REQUIRED MINIMUM DISTRIBUTIONS OR COMPLETING IRS FORM 8606, YOU ARE REQUIRED TO USE THE VALUE OF YOUR ACCOUNT AS OF 12/31/07. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO TOTAL AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED "UNAVAILABLE". THE "YEAR-END PLAN VALUE" SHOWN CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/31/07: \$35,186.90

FOR IRA, IRRA, SEP/IRA, SIMPLE/IRA, ROTH IRA AND COVERDELL ESA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

AMOUNT

105.68CR

117.13CR

123.00  
 \$.47CR

EST.  
 INCOME

\$413

\$413

EST  
 OF DATE

\$14.66  
 \$28.43

DEC 2007

END OF STATEMENT

DECEMBER, 2007

Please advise your Financial Advisor immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address: all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

