

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A For use by Members, officers, and employees

Elijah E. Cummings
 (Full Name)

410-685-9199
 (Daytime Telephone)

Filer Status
 Member of the U.S. House of Representative
 State: MD District: 07

Officer Or Employee
 Employing Office:

Report Type
 Annual (May 15) Amendment Termination

Termination Date:

HOUSE OF REPRESENTATIVES
 OFFICE USE ONLY
 A \$200 penalty shall be assessed against anyone who files more than 30 days late.

2009 MAY 22 PM 12:08

(Office Use Only)

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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 \$335 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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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 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 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Elijah E. Cummings

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
National Association of Counties Financial Services Corporation - Spouse (See, Footnote)	Board Service - Spouse	\$15,000
The Praxis Project - Spouse	Proposal Review - Spouse	\$500
Rap Sessions, LLC - Spouse	Spouse Speech	\$1,000
Global Policy Solutions, LLC - Spouse	Spouse Salary	N/A
Tranotria, LLC - Spouse	Board Service - Spouse	\$1,667
Congressional Black Caucus Foundation - Spouse	Book Article - Spouse	\$1,000
Public Health Institute - Spouse	Board Service - Spouse	\$5,000
Purdue University - Spouse	Spouse Speech	\$1,000
Dr. Wayne Varnadore, Philadelphia, PA	Balance of unpaid legal fee from 1978	\$600

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Elijah E. Cummings

Page 3 of 10

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Charles County, MD NAACP PO Box 2401 Waldorf, MD 20604	Speech	Jan. 21, 2008	\$400
Stella Maris 2300 Dulaney Valley Road Timonium, MD 21093	Speech	Feb. 21, 2008	\$300
Maryland Institute College of Art 1300 Mount Royal Avenue Baltimore, Maryland 21217	Speech	Jan. 25, 2008	\$2,000
West Liberty United Methodist Church 2000 Sand Hill Road Marriottsville, MD 21104-1649	Speech	Mar. 9, 2008	\$300
National Council of Negro Women 633 Pennsylvania Ave. NW Washington, DC 20004	Speech	Feb. 23, 2008	\$50
Campaign for Our Children One North Charles Street, 11th Floor Baltimore, MD 21201	Speech	June 13, 2008	\$500
The Links, Inc. 1200 Massachusetts Avenue, NW Washington, DC 20005	Speech	July 4, 2008	\$1,000
Howard University Rankin Chapel Sixth Street & Howard Place, N.W. Washington, DC 20059	Speech	Oct. 19, 2008	\$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Elijah E. Cummings

Page 4 of 10

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>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 interest in or income derived from U.S. Government retirement programs.</p> <p>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.</p>	<p>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 is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>SP</p> <p>1830 11th St, NW, Ste 1, Washington, DC 20001</p>	<p>\$500,001 - \$1,000,000</p>	<p>RENT</p>	<p>\$50,001 - \$100,000</p>	
<p>2014 Madison Ave. Baltimore, MD 21217</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$5,001 - \$15,000</p>	
<p>SP</p> <p>2221 St. Paul St., Baltimore, MD 21218 (Rental Property)</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	
<p>2225 St. Paul Street Baltimore, MD 21218</p>	<p>None</p>	<p>None</p>	<p>NONE</p>	
<p>Elijah Cummings, PA Baltimore, MD 2</p>	<p>None</p>	<p>No income per House Rules. Continued Existence for resolving claims only.</p>	<p>NONE</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Elijah E. Cummings

SP	Name	Value	Other: (Please specify) Consulting Income	Value
SP	Global Policy Solutions, LLC Washington, DC	\$250,001 - \$500,000		\$100,001 - \$1,000,000
SP	Merrill Lynch (401k)	\$15,001 - \$50,000	N/A	N/A
SP	TIAA Cref (403b)	\$15,001 - \$50,000	N/A	N/A
SP	Vanguard (401k)	\$15,001 - \$50,000	N/A	N/A
SP	Wright Patman Roth IRA Congressional Federal Credit Union	\$1,001 - \$15,000	N/A	\$201 - \$1,000

SCHEDULE V - LIABILITIES

Name **Elijah E. Cummings**

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 all or part of 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" (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
	CitiMortgage, Inc. O'Fallon, Missouri	Mortgage on 2014 Madison Ave., Baltimore, MD	\$15,001 - \$50,000
	CitiBank Home Line of Credit PO Box 7690006 San Antonio, TX	Home Equity Mortgage	\$50,001 - \$100,000
SP	First Horizon, Tennessee	1st Mortgage on 1830 11th St., NW, Washington, DC	\$250,001 - \$500,000
SP	National City Bank, Ohio	2nd Mortgage on 1830 11th St., NW, Washington, DC	\$100,001 - \$250,000
SP	America's Servicing Company, Iowa	1st Mortgage on 2221 St. Paul St., Baltimore, MD 21218	\$250,001 - \$500,000
SP	EMC Mortgage Corp., Texas	2nd Mortgage on 2221 St. Paul St., Baltimore, MD 21218	\$50,001 - \$100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were 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); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Sigma Pi Phi Fraternity	June 29-30	BWI-Denver-BWI	Y	Y	N	None
The Links, Inc. Eastern Area	July 3-5	BWI-Seattle-BWI	Y	Y	N	None
Pine Bluff, Arkansas NAACP	Oct. 17-18	BWI-Pine Bluff, Arkansas-BWI	Y	Y	N	None
(Spouse) Alliance for Excellent Education	Jan. 15-17	DC-San Francisco- DC	Y	Y	N	None
(Spouse) Salud America / University of Texas at San Antonio	Jan. 23-27	DC-San Antonio - DC	Y	Y	N	Yes - 2 days
(Spouse) Centers for Disease Control and Prevention	Mar. 19-21	DC-ATL-DC	Y	Y	N	None
(Spouse) Rap Sessions, LLC	Mar. 25	DC-Bethlehem, PA - DC	N	Y	N	None
(Spouse) National Association of Counties financial Services Corporation	Apr. 2-4	DC-Tucson, AZ (one way)	Y	Y	N	None
(Spouse) Rap Sessions, LLC	Apr. 5	Tucson-Chicago (one way) and Chicago-DC (one way)	Y	Y	N	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Page 8 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were 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); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
(Spouse) Rap Sessions, LLC	Apr. 9-10	DC-LA-DC	Y	Y	N	None
(Spouse) Rap Sessions, LLC	Apr. 29	DC-Cleveland (one way)	Y	Y	N	None
(Spouse) Emory University	June 20	DC-ATL-DC	Y	Y	N	None
(Spouse) Robert Wood Johnson Center to Prevent Childhood Obesity	Dec. 1	Miami-Dallas (one way)	Y	Y	N	None
(Spouse) Robert Wood Johnson Center to Prevent Childhood Obesity	Dec. 2	Dallas-Tucson (one way)	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name: Elijah E. Cummings

Page 9 of 10

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 any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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	Baltimore Zoological Society
Director	National Aquarium in Baltimore
Member	Morgan State University Board of Regents
Member	U.S. Naval Academy Board of Visitors

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule I	Marriage to Maya Rockeymoore Cummings: June, 2008	

