

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

HAND DELIVERED

Name: Janice D. Schakowsky Daytime Telephone: (202) 225-2111

ML LEGISLATIVE RESOURCE CENTER
2009 MAY 15 AM 11:49
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

| | | | | |
|--------------|---|-------------------------------------|--|-------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>DC</u> District: <u>9</u> | <input type="checkbox"/> Officer or Employee | Employing Office: |
| Report Type | <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 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 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 \$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 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 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 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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
Yes No

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janice D. Schakowsky Page 5 of 10

| 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 | L | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | Other Type of Income (Specify) | I | II | III | IV | V | VI | VII | VIII | IX | X | | XI | |
| SP American High Interest Trust Class A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Intermediate Bond Fund Amer. Class A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Morgan Stanley - Dean With Tax Exempt Securities Inst Class I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Openheimer & Co. Advantage Primary Liquidity Fund (Inst A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Putnam College Advantage 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP " " " 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP " " " 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP " " " 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Bank of America checking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Northwestern Mutual Money Market | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Deposit held at NHI Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Private Bank - checking Chicago | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP A6 Edwards Deposit Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Thornburg Mortgage, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Putnam Equity Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Thornburg Investment Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP AMCAP Fund Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP CAAA MGS Investments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Hartford Mutual Funds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name Janice D. Schakowsky

Page 8 of 10

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 \$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 | | | |
| Example: | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | | | | |
| SP | Citibank A Advantage | Credit Card | | X | | | | | | | | | | | |
| SP | Maravia Securities | Loan on Stock | X | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$335 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 \$134 or less need not be added towards the \$335 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 |
|---|--|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | \$345 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets 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 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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Name of Organization |
|----------------|--|
| Advisory Board | Interfaith House |
| Advisory Board | Ad Ted Fund |
| Advisory Board | Midwest Palliative and Hospice Care Center |
| Advisory Board | Illinois Women's Institute for Leadership |
| Advisory Board | Women's Treatment Center |
| Advisory Board | Between Friends |
| Advisory Board | Wilber Wright College - HIV/STI Prevention Education |

SCHEDULE IX—AGREEMENTS Policy Council member - Citizen Act / ILLINOIS

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 |
|------|------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |