UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERE
Name: Fric J Massa Daylim	e Telephone: ノ0) - コン\$ オ6 /	2009 HAY 15 PH 4:
Filer Status  House of Representatives  District:  Calice Empte  Report Type  Annual (May 15)  Amendment		A \$200 penalty shall be assessed against anyone who files more than 30 days late.
RELIMINARY INFORMATION — ANSWER EACH OF THE		
Did you or your spouse have "earned" income (e.g., salaries or eas) of \$200 or more from any source in the reporting period?  Yes No No No.	VI. Did you, your spouse, or a dependent chik reportable gift in the reporting period (i.e., ago than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	d receive any pregating more Yes No V
Did any individual or organization make a donation to charity in european or a speech, appearance, or article in the Yes No Yes, complete and attach Schedule II.	Vii. Did you, your spouse, or a dependent chile reportable travel or reimbursements for travel to period (worth more than \$335 from one source if yas, complete and stiach Schadule Vii.	in the reporting
Did you, your spouse, or a dependent child receive "unexmed" come of more than \$200 in the reporting pariod or hold any yes No yourship or than \$1,000 at the end of the period? yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on of filing in the current catendar year?  If yee, complete and attach Schedule VIII.	or before the date  Yes No No
Did you, your spouse, or a dependent child purchase, sell, exchange any reportable asset in a transaction exceeding.  No Vision No.	IX. Did you have any reportable agreement or an outside enity? If yes, complete and attach Schedule IX.	errangement with Yes No No
Did you, your spouse, or a dependent child have any reportable ubility (more than \$10,000) during the reporting period?  Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	Each question in this part appropriate schedule attach	
CLUSION OF SPOUSE, DEPENDENT, OR TRUST INFOR	RMATION - ANSWER EACH O	F THESE QUESTIONS
RUSTS—Details regarding "Qualitied Blind Trusts" approved by the Committee on standard a disclosed. Have you excluded from this report details of such a trust benefiting you, your	ds of Official Conduct and certain other "excepted spouse, or dependent child?	trusts" need not Yes No No
XEMPTION Have you excluded from this report any other assets, "unearned" income, its	insactions, or Exhibites of a spouse of decendent	child because



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Name EricJMassa Page 3 o70.

### 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. See examples below.

Source	Type	Amount		
Koane State	Approved Teaching Fee	\$6,000		
moles: State of Maryland	Legislative Pension	\$9,000		
Civil war Houndable (Oct. 2nd)	Spouse Speech	\$1,000		
Onlario County Board of Education	Spouse Salery	NA NA		
Family Service Society Im	Spouse Salary	H6925		
Family Service Society Inc Massa for Congress	Spouse Salary	18,000		
Massa for Condress	Salary	15,000		
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#### 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
	·
	NIA
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### 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 deterral 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.

Parties To	Terms of Agreement
NIA	
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Name	EricJ	Massa	Page 5 of 0

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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 paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by tederal, 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)	City of Departurs—Destination— City of Return	Ladging? (Y/N	Food? (Y/N	Was a Family Member included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Cuandan	Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	N	Ŋ	N	None
Examples:	Roycroft Corporation	Aug. 811	DC—Los Angeles—Clayetand	Υ	Y	Υ	2 Days
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SCHEDI	ILE V	- LIABII	ITIES

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	<u> </u>	レンフス	

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.

	T			T	Amount of Liability								
SP, DC, JT		Creditor	Type of Liability		\$15,001. co		\$100,00H- m \$250,000		\$500,001- \$1,000,000		\$5,000,001- \$25,000,000	712.672	550,000,000 M
	Example:	First Bank of Wilmington, Delaware	Mortgege on 123 Main St., Dover, Del.				Х			開			
	Citit	pank	parent college loan		K								
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### SCHEDULE VI- GIFTS

Report the source, a brief description, and the value of all gifts totalling 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		
Ехатирів.	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345		
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## SCHEDULE IV-TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,	of Tr	Type ansa	ction	Date			Arr	юцп	t of	Tran	sact	ion		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	FURCHASE	SALE	EXCHANGE	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	000918	\$15,001- \$80,000	\$100,000 \$100,000	\$100,001- \$250,000	\$250,001 \$500,000	\$500,001-	15, 000,001. \$5,000,000 ≅	\$5,000,001-	\$25,000,001.	5ver \$60,000,000 ₹
SP, DC, JT Asset	i		77 V. S.		në .		ا برا-							
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## SCHEDULE III-ASSETS AND "UNEARNED" INCOME

SCHEUULE III — ASSETS AND	"UNEARNED" INCOME			
BLOCK A	BLOCKB	SLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of income	Indicate if the
Identity (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 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 \$41 names of stocks and muriual funds (do not use boker symbols). For all #RAs and other retrement plans (such as 401(k) plans) that are sell directed (i.e., plans in which you have the power, suen if incl overcised, to select the specific investments).	Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."	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 thats, indicate that type of income by checking the appropriate box below. Dividends and interest, even if retnivested, should be listed as Income. Check "None" if asset did not generate any income during calendar year.	For retinement plane or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all RFAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if retineested, should be listed as income. Check "None" if no income was earned or generated.	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.
provide the value and income information on such 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 puried. 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 booket.  Exclude: Your personal residence(s) (unless there is rental income); any debt owned to you by your spouse, or by you 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.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depondent child (DC) or is jointly held (JT), in the optional solumn on the ter left.	None   St. 2000   December   St. 2000   De	NONE BUTTOENESS  CAPITAL GAINS  CAPITAL GAINS  Coccept Epital Mass relies of Income  Other Type of Income (Specify For Example, Parness in prome or Farm Income)	#201 — \$1,000 \$201 — \$1,000 \$2,501 — \$5,000 \$15,001 — \$5,000 \$15,001 — \$5,000 \$100.001 — \$1,000,000 \$100.001 — \$1,000,000	E
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DCNYS 529 Plan		XA N		
KNYS 529 Plan			X	
SP Merger Fund - Roth IRA		X		
SP Eaton Vance Risk Managed Roth IRA		X	X	
sp Growth Fund - Roth IRA		Y. I. I.	X	
30 Mutual Bracon Roth IRA	X	XX	X	

For additional sesets and uncorned income, use next page.



# SUMBDULE III—MOBE (S AND UNCAMMED" NYCUME ·Continuation Sheet (if needed)

Name Eric J Massa

	BLOCK A Asset and/or Income Source		V	BLOG Year- alue o	End f Ass					1	ock Type n <b>co</b>	1		4	4то	BLOCK E <b>Transaction</b>					
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To: 6079361490

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	BLOCK A Asset and/or Income Source	BLOCK 8 Year-End Value of Asset							BLOCK C <b>Type</b> of Income								Am	BLOCK E Transaction						
SP. DC.		None None	2. 20. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State of the charter of the state of	#30,001 - \$100,000	5250,001 - \$500,000 \$506,000 - \$500,000	\$1,000,001 - \$5,000,000	\$25,000,001 - \$60,000,000 A	NONE	PAN PENT		CAPITAL GAINS	EXCEPTED INOTABLE	Other Type of Income (Specify)	None	<b>一一一人,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一</b>	00015-1028	A 100 CONTRACTOR OF THE PARTY O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$15.001 \$50,000	W. 100 W.	\$100,001 - \$1,000,000 X	Over \$5,000,000	P, S, E
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