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Last Name	First Name and Middle Initial		Annual Report			_
Filer	Joe		Calendar Year Covered by Report		ittee on Ethic	s
Senate Office Address (Number, Steet, City, State, and ZIP Code) 220 Hart Washington, DC 20510	202-224-29		 Termination Report Termination Date (mmiddlyg): 	Prior Office / Agency in Which	Employed	-
AFTER READING THE INSTRUC			THESE QUESTIONS A	ND ATTACH THE	RELEVANT PART	-
		YES NO			YES N	0
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the if Yes, Complete and Attach PART I.	reporting period?	x III	Did you, your spouse, or dependen reimbursements for travel in the reg \$285 from one source)? If Yes, Complete and Attach PART	orting period (i.e., worth mo		
Did you or your spouse have earned income (e.g., sat investment income of more than \$200 from any repor reporting period? If Yes, Complete and Attach PART II.	able source in the	XII II	Did you, your spouse, or dependen (more than \$10,000) during the rep If Yes, Complete and Attach PART	orting period?	iability X	
Did you, your spouse, or dependent child receive une income of more than \$200 in the reporting period or h asset worth more than \$1,000 at the end of the period if Yes, Complete & Attach PART IIIA and/or IIIB.		X II II	Did you hold any reportable position current calendar year? If Yes, Complete and Attach PART		ling in the	
Did you, your spouse, or dependent child purchase, s reportable asset worth more than \$1,000 in the report If Yes, Complete and Attach PART IV.	ing period?	XII II	Do you have any reportable agreen entity? If Yes, Complete and Attach PART	-	outside	
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$285 an exempt)? If Yes, Complete and Attach PART V.	reportable gift in the I not otherwise	X	If this is your FIRST Report. Did yo \$5,000 from a single source in the t If Yes, Complete and Attach PART	wo prior years?	more than	
File this report and any amendments Building, U.S. Senate, Washington, D					t Senate Office	
This Financial Disclosure Statement is requ made available by the Office of the Secreta reviewed by the Select Committee on Ethic fails to file this report may be subject to civil	y of the Senate to an . Any individual who and criminal sanctio	ty requesting p knowingly an ns. (See 5 U.S	d willfully falsifies, or who kno c.c. app. 6, 104, and 18 U.S.	n and will be wingly and willfully C. 1001.)	FOR OFFICIAL USE ONL' Do Not Write Below this Li	
Certification	Signature of Report	ing Individual	Date	(Month, Day, Year)		
complete and correct to the best of my knowledge and belief.	eFiler			15/08		
	For Official Use Only - Do	Not Write Below T				
It is the Opinion of the reviewer that the statements made in this form are in complexions with This i of the Ethics in Government Act.			Date	(Month, Day, Year)		



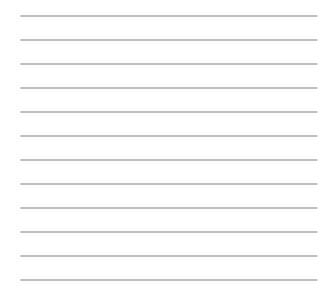
luring th	e reporting	name and address), date, and amount of period. Identify the activity (speech, arti- ses in excess of \$335 related to activities	cle, or appearance), w	hich generated the payment.	For further information, see	
Date of	Payment	Name of Source	A	ddress (City, State)	Speech, Article, or Appearance	Amount
vample	3/26/0X	Association of American Associations	Wash, DC	EXAMPLE	Speech EXAMPLE	\$1,000
aming/fill.	7/23/0X	XYZ Megezine	NY, NY	EXAMPLE	Article EXAMPLE	\$500
6/1	0/07	LET'S GO KNICKS, INC.	CHICAGO), ILLINOIS	SPEECH	\$2000
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0		Remember to su				
		to the Ethics Co	mmittee na	ming the char	itable	
		organization whi	ch receive	d the payment	-	<u>.</u>
-						_
3				and the second		



d Nixme			CANDIDATE REPO	in the second se	
é Name	First Name and Middle	e initial	New Employee Report Date of Employment (mmiddlys):	Senate Office / Agency in Which Employed	
nate/Candidate Office Address (Number, Steet City, S	ale, and ZP) Senate/Candidate Off	ice Telephone No.	Candidate Report	State in which you are a candidate	
			Commencement of Candidacy (mm\ddiyy):		
AFTER	READING THE INST		NSWER EACH OF TH	IESE QUESTIONS	
d you or your spouse have earned income	(a a colorian as feen) as page	YES NO			YES NO
2 you or your spouse have earned income restment income of more than \$200 from a porting period? /es, Complete and Attach PART II.			id you hold any reportable positi Yes, Complete and Attach PAR		
d you, your spouse, or dependent child re- come of more than \$200 in the reporting p set worth more than \$1,000 at the end of (es. Complete and Attach PART IIIA and)	ariod or hold any reportable he period?		tid you have any reportable agre ntity on the filing date? Yes, Complete and Attach PAR	ement or arrangement with an outside T IX.	
d you, your spouse, or dependent child ha ore than \$10,000) during the reporting pe res, Complete and Attach PART VII.	ve any reportable liability iod?	ir	tid you receive compensation of the <u>two</u> prior years? Yes, Complete and Attach PAR	more than \$5,000 from a single source T X.	
le this report and ap uilding, U.S. Senar is Financial Disclosu ade available by the viewed by the Select is to file this report model Sector	NUAL FI	LERS: er pag	DISREGA eused o w emplo	ARD this nly by	Office RCIAL USE ONLY the Below this Lin



Last Name		First Name and Middle Initial	Tek	phone Number (Include	Area Code)	
FILER		JOE		202-224-29	81	
22.53		Calendar Year Covered by Ar	nual Report Offi	te / Agency in which Emp	ployed (or formerly employed)	
X	ANNUAL FILER	2007	U	S SENATE	ETHICS COMM	ITTEE
	TERMINATION FILER	Dates Covered by Termination	Report Off	ce / Agency in which For	nerty Employed	Termination Date (mmiddiyy):
overnment) for whi ayment directly to i letermine whether y oport, please refer bisclosure Report o thics. Where to File: File Room 220, Hart Ser	ties or the status of the individual within the specific organization makes is a charitable organization in list of hono us are an eporting individual for purpose to the instructions for the Senate Public contact the U.S. Senate Select Committee o nate Office Bubling, U.S. Senate, Wash note: This is <u>not</u> the filing location for the	the total of all such readines correspon Financial the on nEthios, ington, buble public	one may be granted if no actionalose may not excee ad with the filing dates of 1 Report. fs: List the date of the pay is date of the activity piving se (oby, state) of the source oily, state) of the respire a amount of the payment the reporting period of th source form fixed in conju- noort certifying that your re payments were made bo	id 90 days. These filing the Senate Public yment (or, if g rise to the payment), noe of the payment, the it charitable : include all payments so annual or termination vidion with this report, port is complete and	last day of the filing extension penalty fee. Weivers of this fe extraordinary circumstances, i failing to file this report may re criminal sanctions. (See 2 U.) Review of Reports: These re Committee along with the com days of the filing date. These	is granted, more than 30 days after pendor, shall be usable to a \$300 en may be granted by the Committee regular the imposition of a solid and 6.2.7.70 at seq and 16 0.3.6.1000 sports will be reviewed by the responding public pendor with the list in Government Act of 19 the Ethics in Government Act of 19
Date	Source of Payment (Recipient Ch		ation (Name, Addre	ss) Amount
6/10/06	LETS GO KNICKS C	IICAGO, IL	AMERICAN R	EDCROSS W	ASH, DC	\$2,000
		X				
	This particula	ar page of th US Senate				the
	ertification		Signature of Reportin	g Individual		Date (Month, Day, Year)



JO	Vidual's Name E FILER	PART	II. EARNED	AND NON-INVESTME	NT INCOME	2 Page Number
For your amount n U.S. Gov Individua For you a	spouse, réport the source (i leeds to be specified for you emment for you or your spo als not covered by the Ho and /or your spouse, report 1	name and address) and ty ir spouse. (See p.3, CON puse. noraria Ban: honoraria income received	which aggregate	ou from any source aggregati me which aggregate \$1,000 or DRTS Part B of Instructions.) D s \$200 or more by exact amou lude payments in lieu of honora	r more during the reporting p to not report income from er unt, give the date of, and det	period. No nployment by th
	Name of Income	Source	A	ddress (City, State)	Type of Income	Amount
Example:	JP Computers		Wash, DC	Example	Salary Example	\$15,000
Example:	MCI (Spouse)		Arlängten, VA	Example	Salary Example	Over \$1,000
DEW	YEY, CHEATEM REE	LECTION CMTE.	NEW YORK	(, NY	SALARY	\$18,000
IBE	LIEVE SO, INC (SPO	DUSE)	NEW YORK	(, NY	SALARY	OVER \$1,00
i i i	If "Over \$			or the AMOUNT from your " <i>Sp</i> o		are
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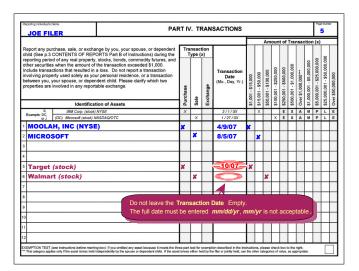


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Identity of Publicly Traded Assets And Uncarned Income Sources Report the complete name of each publicly traded asset held by vou, your source, or your			A	the f No	close ne, c	o of a	epoi s the	Ass ting an S1 colum	peric	od. I,			H	'No		ir	clud	ies ir	101)" 100m	Type and is Check the received	od, r	no ot	her o	intry to th	is no e ber	nefit	d in of th	e in	divida	Jal.	t item	a. This
dependent child, (See p.3, CONTENTS OF	⊢	_	_	_	_	_	_	_	_	_	_	4		_	Ту	pe e	of Ir	ncor	me			_	_		Am	our	nt o	f In	com	e	-	
REPORTS Part B of instructions) for production of Income or investment which: (1) had a value exceeding \$1,000 at the Operation of the operation of the standard Operation of the operation of the standard income during the reporting period. Include on this PART III ba complete Induktor that part internship interest, excepted investment funds, bank accounts, excepted investment Jans, bank accounts, except	None (or less than \$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	Over \$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 Gaine	Excepted Investment Fund	Excepted Trust	Qualified Bind Trust	Other (Specify Type)	None (or less than \$201)	\$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	er \$1,000,000***	\$1,000,001 - \$5,000,000	R	Actual Amoun Moquire Tother ipecifie
S, /BM Corp. (stock)	t			×				Н	Η		H	Η	x		Η			1		Exemple		х								1	1	Exemple
or J (S) Keystone Fund					х										х		х			Example				х							6	Example
MOOLAH, INC (NYSE)				k									×											2								
² IPO, INC (NASDAQ)	Г	Γ	F	Γ							Π							Т			×									Т	Т	
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JOE FILER		PART V. GIFTS	6
p.3 CONTENTS OF REPORTS Part I threshold. "Giff" is defined in the Inst Exclude: (1) Bequests and other for newspapers and periodicals; (4) Cons by persons other than yourself; (5) Gi her relationship to you; (7) Gifts from	8 of Instructions), from each source. Gi uctions. ms of inheritance; (2) Political campaig jumable products provided by home sta- fts received prior to your Federal emplo relatives; (8) Personal hospitality of any jing; and (10) Food, lodging, transporta	an3335 in value received by you, your spouse, or your dependent to with a value of \$134 or less need not be aggregated towar nontributions; (3) Communications to your offices including to businesses to your difficus including the businesses to source of the submitted of the submitted of the submitted memory. (3) Clift to your spouse or dependent child today inde directations; (3) many submitted of the submitted today and entertainment provides by a foreign government with	ds the disclosur subscriptions to or consumption pendent of his consumed in
Name of Income Source	Address of Source	Dates and Brief Description	Gift Value
Example: Mr. John Q. Smith	Anytown, VA Example	August 12, 200X, Silver platter - Ethics Committee waiver granted	\$400
CHARLES GENEROUS	WASH, D.C.	JULY 9, 2007- MARBLE STATUE	\$500
2		(ETHICS COMMITTEE WAIVER GRANTED)	
	and although a		
Disc		not authorize their acceptance e a violation of Senate Rule 3	
4 Discl s		not authorize their acceptanc	
JOHN GERTZ		not authorize their acceptance e a violation of Senate Rule 3	5
Discl whi JOHN GERTZ LONGO ASSOCIATES	ch may otherwise b	not authorize their acceptance e a violation of Senate Rule 3 July 8, 2007, Marble Statue - waiver granted Royal Palm Tree - waiver granted (? - Date)	\$500

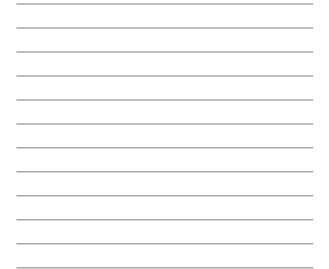


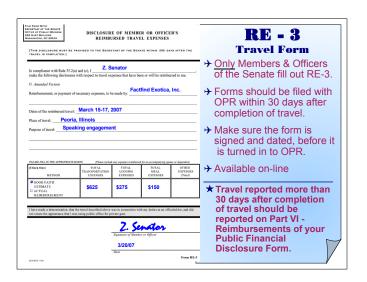


JOE FILER		PART V. GIFTS	6
p.3 CONTENTS OF REPORTS Part threshold. "Gift" is defined in the Inst Exclude: (1) Bequests and other fo newspapers and periodicals; (4) Con by persons other than yourself; (5) G her relationship to you; (7) Gifts from	8 of Instructions), from each source. Gi uctions. ms of inheritance; (2) Political campaig jumable products provided by home sta- fts received prior to your Federal emplo relatives; (8) Personal hospitality of any jing; and (10) Food, lodging, transporta	and335 in value received by you, your appoats or your depe- fits with a value of \$154 or field motions (3) Communications (3) Communications (3) Communications products are initinade to contributions; (3) Communications products are initinade to businesses to your diffees, if those products are initiaded ment; (3) Critis to your appose or dependent child totally ind individual (see initiations), (3) meals and beverapse aging fort, and entertainment provided by a foreign government with	subscriptions to for consumption ependent of his o s consumed in
Name of Income Source	Address of Source	Dates and Brief Description	Gift Value
Example: Mr. John Q. Smith	Anytown, VA Example	August 12, 200X, Silver platter - Ethics Committee waiver granted	\$400
CHARLES GENEROUS	WASH, D.C.	JULY 9, 2007- MARBLE STATUE	\$500
2		(ETHICS COMMITTEE WAIVER GRANTED)	
a Disc	ocure of diffe doos		
Disc		not authorize their acceptance a violation of Senate Rule 3	
4 Disc whi		not authorize their acceptant	
Disc whi JOHN GERTZ LONGO ASSOCIATES		not authorize their acceptance a violation of Senate Rule 3	
Disc whi JOHN GERTZ LONGO ASSOCIATES	ch may otherwise b	not authorize their acceptance e a violation of Senate Rule 3 July 6, 2007, Marble Statue - walver granted Royal Palm Tree - walver granted (? - Date)	\$500



LLE FORM WITH: ECRETARY OF THE SENATE FIFTCE OF POULLE RECORDS 32 MART BULLEND VARIANCEDW, DC 20010		AND	AUTHORIZATI REIMBURSEN		RE - 1 / 2 Travel Form
Part I: [Complete this section in	advance of the travel.]		Amend	led Versian	I ravel r orm
Purpose of travel: Spec	omeen supervision, to accept reim described below. I have de fliceholder, and will not o f necessary expenses, to be	bursement for noce etermined that this reade the appearant or made by: Fac 7, 2007	travel is in connection are that height is using the second secon	lodging, and related an with his her daties ing public office for a, Inc.	 All Staffers fill out RE -1 / 2 Forms should be filed with OPR within 30 days after completion of travel. Make sure all signatures and
3/12/07		6.	Senato	2	dates are filled in before
Date		Signature of Member	or Officer		form is turned in to OPR.
Part II: [Complete this section a	fter the travel is completed.]		□ Ameni	led Version	Ionnis turneu în to Or IX.
In compliance with Rule 35.21 have been or will be reimburs PLEASE FILL IN THE APPROPRIATE (Check One)	ed to me, as set out above: POINT (Plane include TOTAL	any expenses reliables TOTAL	od for an accompanying sp TOTAL	ouer or dependent) OTHER	→ Available on-line
METHOD	TRANSPORTATION EXPENSES	LODGING EXPENSES	MEAL EXPENSES	EXPENSES (Total)	
GOOD FAITH ESTIMATE ACTUAL REIMBURSEMENT	\$625	\$275	\$150		★ Travel reported more than 30 days after completion of
8/12/07		Signature of Employ	Filer		travel should be reported on Part VI -Reimbursements of
I have made a determination, that transportation, lodging, and relat			th travel described in	Part I, are necessary	your Public Financial
8/14/07		2. Ser	stor		Disclosure Form.
FILE THIS FORM WITH THE OFFICE - RIVISED 11:00				Form RE-1/2	/







	FILER	Р	ART VI. REIMBURSEMENTS	7				
and/or d otherwis organiza same sp separate Exclude funds wi	ependent child in connection w e). Disclosure is required rega tion. A description of the itiner onsor (and the trips added tog trip does not equal more than : Travel related expenses prov- ich are reported to the FEC; re	Ith your provision of services at a rdless of whether those expense any, including date(s) and the na ther are worth more than: S339 § S335 Report Gifts of travel in F ided by federal, state, D.C., and imbursements to a spouse or de	g more flam 3336 in value during the reporting period receiv speaking engagement, flat-finding event, or other event (tius of expenses is required. If you are imbursted for more then you must report each trip individually, even if the reim at V. Ioolal governments, or by a foreign government; esimbursted poindent child targits, independent of the or her netaficiants) paident child targits, independent of the or her netaficiants)	personal campaign, or sponsoring a than one trip from the bursement for each ments from campaign				
	ame of Income Source	Address of Source	ess of Source Dates and Brief Description					
Example:	All States Company	Maintown, TX EXAMPLE	Roundtrip air travel from Washington, D.C. to Maintown, TX an for speaking engagement: May 1-3, 200X EXAM					
FAC	TFIND EXOTICA, INC.	ORLANDO, FL.	ROUNDTRIP AIR, LODGING, AND MEALS DC TO PEORIA, ILL FOR SPEAKING ENGA MARCH 15-17, 2007					
	Travel rep	ithin 30 days of tr	forms (RE-1/2, RE-3) pursuant to avel) does not have to be					
	disclosed	again on Part VI						
i i	disclosed	again on Part VI)				
5	disclosed							
1 5 7 7 9 9 RUS	disclosed	again on Part VI	Roundtrip air from DC to San Diego, CA, lodging	and meals (?				



Rep	JOE F			PART VII	LIAB	BILITIE	S									Pip	8 8	н
_									Са	teg	ory -	of A	mou	int c	of Va	alue	(x)	_
during the reporting period. Check the period. Exclude: (1) Mortgages on y secured by automobiles, household			B of Instructions), to a ck the highest amount on your personal reside old furniture or applian	of instructiona), to any one creditor at any time the highest amount owed during the reporting your personal residences unless rented: (2) loans furmiture or appliances; and (3) liabilities owed to s. See Instructions for reporting revolving charge		ate ficable		\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	001 - \$250,000	001 - \$500,000	001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Diar \$50,000,000
	Name	of Creditor	Address	Type of Liability				\$10,0	\$15.0	\$50,0	\$100,001	\$250,001	\$500,001	Over	\$1,00	\$5,00	\$25,0	1000
_	S, Example: DC.	First District Bank	Wash., DC	Mortgage on undeveloped land	1981	13%	25yrs			х		E	х	Α	м	Ρ	L	E
-	or J	(J) John Jones	Wash., DC	Promissory Note	1989	10%	On dmd				x	E	х	A	м	Р	L	E
1	LEGBRE	AKER BANK	NY, NY	UNSECURED LOAN	2007	100%	On dmd	Г	×									Γ
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٥			Do not Leave	e the items (Interest Rat	e, Tei	rm if A	Applic	abl	e) en	npt	у						
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2	2							-										

		PART VIII. POSIT	IONS HELD OUTSIDE	U.S. GOVERNMENT		9
office entern held.	, director, trustee, general partne prise or any non-profit organization	g the applicable reporting period wh er, proprietor, representative, employ on or educational institution. Both th nment, religious, social, fraternal, or	ee, or consultant of any corpo e year and month must be rep	ration, firm, partnership, or orted for the period of time	other busine that the posi	\$\$
	Name of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr
Examp	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6/90	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7/85	11/00
DE	WEY, CHEATEM & HOWE	NEW YORK, NY	Non-Profit Education	DIRECTOR	5/05	Present
GC	OOD SAMARITAN CHARITY	WASHINGTON, DC	CHARITY	BOARD MEMBER	1/06	2/07
-	Re	member that com	pensation in e	xcess of		
-	\$2	00 from any posit	ion must be re	ported on		
	\$2		ion must be re	ported on		
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i	\$2	00 from any posit	ion must be re	ported on		
	\$2	00 from any posit	ion must be re	ported on		
	\$2	00 from any posit	ion must be re	ported on		



JUE	dvidual's Name FILER	PART IX. AGREEMENTS O	RARRANGEMENTS	10
of	f other intellectual property	arrangements for future employment (including agreen y), leaves of absence, continuation of payment by a forn n an employee benefit plan. See Instructions regarding	mer employer (including severance payr	nents),
	Status and Terr	ns of any Agreement or Arrangement	Parties	Date
Example:	share calculated on services pe independently managed, fully fu	ent, will receive lump sum payment of capital account & partnership informed through 11/0X and retained pension benefits (diversified, anded, defined contribution plan)	Jones & Smith, Hometown, USA Example	1/0X
Etampre.		YZ Co. to become Vice President of Government Relations. Terms of een \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock	XYZ Co., Bethesda, MD Example	1/0X
		TNERSHIP AGREEMENT, WILL	DEWEY, CHEATEM & HOWE	1/07
		ERSHIP 401K PLAN (NO SUTIONS TO PLAN FROM		
	RTNERSHIP OR S			-
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JOE	FILER	ART X. COMPENSATION IN EX	CESS OF \$5,000 PAID BY ONE SOURCE	⁼ 11
IRST T	ME FILERS ONLY:			
			es provided directly by you during the reporting period ness enterprise, or .any non-profit organization when	
rovided	the services to the clients and/or	customers of the firm that generated a fee of	r payment of more than \$5,000. You need not report	the U.S.
Sovernn	nent as a source.	1200		
	Name of Source	Address of Source	Brief Description of Duties	1
xample	Jones & Smith	Hometown, TX	Legal Services	EXAMPLE
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction	EXAMPL
DEW	EY, CHEATEM & HOWE	NY, NY	LEGAL SERVICES	
-			LEGAL SERVICES IN CONNECTION	
SUP	ER LANDLORD, INC	NY, NY	HOUSING MATTER	
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