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LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
J.S. HODGES

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

<p>FORM A For use by Members, officers, and employees</p>	
<p>UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005</p>	
<p>LOUISE M. SWANWATER 14 MANOR HILL DR FAIRPORT NY 14450</p>	
<p>Daytime Telephone: 585 223 7519</p>	<p>Employing Office: Termination Date:</p>
<p>Member of the U.S. House of Representatives: <input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment</p>	<p>Officer or Employee: <input type="checkbox"/> Termination</p>
<p>Filer Status: <input checked="" type="checkbox"/> Member of the U.S. House of Representatives</p>	<p>State: NY District: 28</p>
<p>Report Type: <input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment</p>	<p>Termination Date:</p>

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>		

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

<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

<p>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</p>	<p>Signature of Reporting Individual <i>Louise M. Swawater</i></p>	<p>Date (Month, Day, Year) 5/11/06</p>
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LEGISLATIVE RESOURCE CENTER

2006 MAY 23 AM 11:14

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>	

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Certification	Signature of Reporting Individual
<p>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</p>	<p><i>Louise M. Slaughter</i> Date (Month, Day, Year) 5/23/06</p>

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

FORM A
For use by Members, officers, and employees

Louise M. Slaughter
14 Manor Hill Drive
Fairport, NY 14450

(Full Name)

(Mailing Address) (585) 223-7519
Daytime Telephone:

<p>Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives</p>	<p>State: NY District: 28</p>	<p>Employing Office: <input type="checkbox"/> Officer or Employee</p>
<p>Report Type <input checked="" type="checkbox"/> Annual (May 15) <input checked="" type="checkbox"/> Amendment</p>	<p>Termination Date: <input type="checkbox"/> Termination</p>	