

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

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For use by Members, officers, and employees

MC

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OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Addison (Joe) Graves Wilson  
(Full Name)

Post Office Box 2168 West Columbia, SC 29171  
(Mailing Address)

202-225-2452  
Daytime Telephone:

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: SC District: 02	<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 \$305 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 \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
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.	Addison (Joe) G. Wilson	May 12, 2005

**SCHEDULE I - EARNED INCOME**

Name Addison (Joe) Graves Wilson

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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.

Source	Type	Amount
Lexington School District Two	Spouse Salary	\$2,591.11

**SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name Addison (Joe) Graves Wilson

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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. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
DIAGEO	Appearance	2005	\$500

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Addison (Joe) Graves Wilson

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<p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</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 align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></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 align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.</p>	<p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
<p>2823 Wilton Road, Springdale, SC</p>	<p>\$50,001 - \$100,000</p>	<p>INTEREST</p>	<p>\$2,501 - \$5,000</p>	
<p>Graves Park Estates (Property Located in Springdale, SC)</p>	<p>\$50,001 - \$100,000</p>	<p>INTEREST</p>	<p>NONE</p>	
<p>Moseley and Wilson Partnership (101 Shuler Stret, West Columbia, SC)</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	
<p>Moseley and Wilson Partnership (515 E. Main Street, Lexington, SC)</p>	<p>\$50,001 - \$100,000</p>	<p>RENT</p>	<p>\$5,001 - \$15,000</p>	
<p>Moseley and Wilson Partnership (640 Sunset Blvd., West Columbia, SC)</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Addison (Joe) Graves Wilson

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Moseley and Wilson Partnership (922 Sunset Blvd., West Columbia, SC)	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
Moseley and Wilson Partnership (1534 Sunset Blvd., West Columbia, SC)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
2827 Wilton Road, West Columbia, SC	\$50,001 - \$100,000	INTEREST	NONE	

**SCHEDULE V - LIABILITIES**

Name Addison (Joe) Graves Wilson

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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 your or your spouse. Report "revolving charge accounts" 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
JT	South Carolina Bank and Trust	Mortgage on 220-A Justice Court, NE, Washington, DC 20002	\$250,001 - \$500,000
	Branch Banking and Trust Compnay of South Carolina	Personal Loan	\$15,001 - \$50,000
	South Carlina Bank and Trust	Personal Loan Secured by 2825 Wilton Road, Springdale, SC	\$15,001 - \$50,000
	Carolina First Bank	Moseley and Wilson Partnership Mortgage Personal Guarantor	\$100,001 - \$250,000
	Carolina First Bank	Personal Loan/Campaign Loan/Secured by Property at Wilton Road, Springdale, SC	\$50,001 - \$100,000
	South Carolina Army Reserve National Guard	Personal Loan secured by 1966 Ford Mustang	\$10,001 - \$15,000
	Carolina First Bank	Personal Loan/Campaign Loan/secured by Property at Wilton Road, Springdale, SC	\$50,001 - \$100,000
JT	Washington Mutual	Mortgage secured by property located at Wilton Road, West Columbia, SC	\$100,001 - \$250,000
JT	Washington Mutual	Mortgage secured by property located in West Columbia, SC and designated as Graves Park estates	\$100,001 - \$250,000

# SCHEDULE VIII - POSITIONS

Name Addison (Joe) Graves Wilson

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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
Partner	Moseley and Wilson Partnership