

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

FORM A Page 1 of 9
For use by Members, officers, and employees

HAND DELIVERED

9

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 2:11

MC OFFICE OF THE CLERK
(Office Use Only) U.S. HOUSE OF REPRESENTATIVES

Gary L. Ackerman

(Full Name)

2243 Rayburn Washington, DC 20515

(Mailing Address)

202-225-2601

Daytime Telephone:

Filer Status

Member of the U.S. House of Representatives
State: NY District: 05

Officer Or Employee

Employing Office:

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

Report Type

Annual (May 15) Amendment Termination

Termination Date:

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 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 type="checkbox"/> No <input checked="" 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. | <i>Gary L. Ackerman</i> | 5-15-07 |

SCHEDULE I - EARNED INCOME

Name Gary L. Ackerman

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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 |
|--|---------------------|--------|
| Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services | Spouse Compensation | N/A |
| Spouse Private Practice/Consulting | Spouse Compensation | N/A |

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Gary L. Ackerman

Page 3 of 9

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. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

| Source | Activity | Date | Amount |
|---------------------|-----------------|--------------|---------------|
| The Connell Company | Speech | Aug. 1, 2006 | \$2,000 |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

Page 4 of 9

| <p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</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">BLOCK B</p> <p align="center">Year-End Value of Asset</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">BLOCK C</p> <p align="center">Type of Income</p> <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. 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">BLOCK D</p> <p align="center">Amount of Income</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. Check "None" if no income was earned.</p> | <p align="center">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
|---|--|---|---|--|
| Tribco, LLC (newspaper company), Flushing, NY | \$250,001 - \$500,000 | CAPITAL GAINS | \$15,001 - \$50,000 | |
| IRA--Nationwide Annuity: Best of America IV Fixed Account | \$15,001 - \$50,000 | INTEREST | \$1,001 - \$2,500 | |
| IRA--Nationwide Annuity: Best of America IV Fixed Account | \$15,001 - \$50,000 | INTEREST | \$201 - \$1,000 | |
| IRA--Family Management Corp. | \$1,001 - \$15,000 | See below for specific assets | See below | See below |
| Melrose Credit Union | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| Citibank (checking/savings/Money Market accounts) | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

Page 5 of 9

| | | | | |
|--|---------------------|------------------------|---------------------|----------------|
| Pershing/Alliance Cash/Money Market Government Account (part of Family Management Corp. IRA) | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| Pershing/Alliance Cash/Money Market Government Account (separate accounts) | \$1 - \$1,000 | INTEREST | \$1 - \$200 | |
| Pershing/Alliance Cash/Money Market Government Account (separate accounts) | None | None | NONE | |
| Congressional Federal Credit Union | \$1 - \$1,000 | INTEREST | \$1 - \$200 | |
| Sonus Networks, Inc. Stock (part of Family Management Corp. IRA) | \$1 - \$1,000 | None | NONE | |
| Pimco Real Return Fd CI D (part of Family Management Corp. IRA) | None | CAPITAL GAINS | \$201 - \$1,000 | S |
| Merger Fund (part of Family Management Corp. IRA) | None | None | NONE | S |
| Xenonics | None | CAPITAL GAINS | \$15,001 - \$50,000 | S |
| Fidelity Investments, Magellan Fund | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| IRA Sterling Trust/Esquire Bank | \$15,001 - \$50,000 | None | NONE | P |
| Fairholme Fund (part of Family Management Corp. IRA) | \$1,001 - \$15,000 | CAPITAL GAINS/INTEREST | \$1 - \$200 | P/Partial Sale |
| Diamond Hill Focus Long Short Fd CI A (part of Family Management Corp. IRA) | None | None | NONE | P/S |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

Page 6 of 9

| | | | | |
|---|------|------|------|-----|
| Polaris Global Value Fund (part of Family Management Corp. IRA) | None | None | NONE | P/S |
| Third Avenue Value Fund (part of Family Management Corp. IRA) | None | None | NONE | P/S |

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Page 7 of 9

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|------------------|--|------------------------|--|-----------------------|
| | Pimco Real Return Fd CI D (part of Family Management Corp. IRA) | S | 1/27/06 | \$15,001 - \$50,000 |
| | Merger Fund (part of Family Management Corp. IRA) | S | 1/27/06 | \$15,001 - \$50,000 |
| | Xenonics | S | Various (partial payment deferred & received in 2007) | \$50,001 - \$100,000 |
| | IRA Sterling Trust/Esquire Bank | P | 11/30/06 | \$15,001 - \$50,000 |
| | Fairholme Fund (part of Family Management Corp. IRA) | P | 1/30/06 | \$15-50,000 |
| | Fairholme Fund (part of Family Management Corp. IRA) | S pt | 9/13/06 | \$1,001 - \$15,000 |
| | Fairholme Fund (part of Family Management Corp. IRA) | P | 12/15/06 | \$15,001 - \$50,000 |
| | Diamond Hill Focus Long Short Fd CI A(part of Family Management Corp. IRA) | P | 2/1/06 | \$1,001 - \$15,000 |
| | Diamond Hill Focus Long Short Fd CI A(part of Family Management Corp. IRA) | S | 9/15/06 | \$1,001 - \$15,000 |
| | Polaris Global Value Fund (part of Family Management Corp. IRA) | P | 1/30/06 | \$15,001 - \$50,000 |
| | Polaris Global Value Fund (part of Family Management Corp. IRA) | S | 9/13/06 | \$15,001 - \$50,000 |

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Page 8 of 9

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|------------------|---|------------------------|---------|-----------------------|
| | Third Avenue Value Fund (part of Family Management Corp. IRA) | P | 2/1/06 | \$15,001 - \$50,000 |
| | Third Avenue Value Fund (part of Family Management Corp. IRA) | S | 9/15/06 | \$15,001 - \$50,000 |

SCHEDULE VIII - POSITIONS

Name Gary L. Ackerman

Page 9 of 9

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 |
|-----------------------------|----------------------|
| Board of Directors (unpaid) | Tribco LLC |