

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

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED (6)
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 2:34
OFFICE OF THE CLERK
(Office Use Only) REPRESENTATIVES

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323 HALEYVILLE, AL 35565-0323
(Mailing Address)

202-225-4876
Daytime Telephone:

Filer Status Member of the U.S. House of Representatives State: AL District: 4TH Officer Or Employee
Employing Office: _____

Report Type Annual (May 15) Amendment 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	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)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	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>Robert B. Aderholt</i>	5-15-2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 2 of 6

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
<p>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>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>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>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>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in 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>60 Acres Land - Hoggleridge Haleyville AL</p>	<p>\$15,001 - \$50,000</p>	<p>Other: Coal Royalties</p>	<p>None</p>	
<p>Commercial Bldg - Hwy 5 South Haleyville AL</p>	<p>\$250,001 - \$500,000</p>	<p>Rent</p>	<p>\$15,001 - \$50,000</p>	
<p>IRA - Traders & Farmers Bank</p>	<p>\$1,001 - \$15,000</p>	<p>Interest</p>	<p>N/A</p>	
<p>IRA - NY Life Securities Inc</p>	<p>\$50,001 - \$100,000</p>	<p>Dividends</p>	<p>N/A</p>	
<p>IRA - New York Life Insurance</p>	<p>\$1,001 - \$15,000</p>	<p>Intererst</p>	<p>N/A</p>	
<p>SP Beaver Dam Farm Inc</p>	<p>\$1,001 - \$15,000</p>	<p>Other: Farm Income</p>	<p>\$2,501 - \$5,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 3 of 6

SP	65 Acres Land - Greenbrier Farms/McDonald Farms Partnership	\$100,001 - \$250,000	Other: Farm Income	\$5,001 - \$15,000	
SP, DC	Greenbrier Enterprises LLC	\$15,001 - \$50,000	Rent	\$5,001 - \$15,000	
	Congressional Federal Credit Union	\$1 - \$1,000	Interest	None	
SP	Congressional Federal Credit Union	\$1 - \$1,000	Interest	None	
JT	Superior Bank (formerly Community Bank)	\$1,001 - \$15,000	Interest	\$1 - \$200	
	Traders & Farmers Bank	\$1,001 - \$15,000	Interest	None	
SP	Traders & Farmers Bank	\$1 - \$1,000	Interest	None	
DC	Traders & Farmers Bank	\$1 - \$1,000	Interest	\$1 - \$200	
	Common Stock - Glaxosmith Kline	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
	Common Stock - Telefonos De Mexico	\$1 - \$1,000	Dividends	\$1 - \$200	
	Common Stock - Prime Cash Series	\$1,001 - \$15,000	Dividends	None	
	Common Stock - Alliance Capital	\$1,001 - \$15,000	Dividends	None	
	Common Stock - H & Q Healthcare	\$1,001 - \$15,000	Capital Gains	\$201 - \$1,000	
	Com Stk - Ivax Corp/TEVA Pharmaceuticals	\$1,001 - \$15,000	Dividends	None	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 4 of 6

JT	Common Stock - Navistar International	\$1,001 - \$15,000	Dividends	None
	Common Stock - American Movil S A	\$1 - \$1,000	Dividends	\$1 - \$200
	Common Stock - Oppenheimer & Co	\$1 - \$1,000	Dividends	\$1 - \$200

SCHEDULE IV - TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Page 5 of 6

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
	Com Stk - Ivax Corp/TEVA Pharmaceuticals	S	04-24-06	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name ROBERT BROWN ADERHOLT

Page 6 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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 reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The International Foundation - Government-business dialogue with officials and business leaders	Jan 11-18	Washington DC-Vienna Austria-Budapest Hungary-Almaty Kazakhstan-Washington DC	Y	Y	Y	None
The Heritage Foundation - Educational	Jan 30-31	Washington DC-Harbour Court Hotel Baltimore MD-Washington DC	Y	Y	N	None
The International Foundation - To develop and strengthen relationships with political leaders	May 26-31	Washington DC-Belgrade Serbia-Tirana Albania-Belgrade Serbia-Washington DC	Y	Y	N	None
Business Council of Alabama - Attended Governmental Affairs Conference	Aug 25-27	Panama City Beach Florida-Perdido Beach Alabama-Huntsville Alabama	Y	Y	Y	None
The International Foundation - Meet with Sudanese officials to discuss the ongoing crisis in Darfur	Dec 10-14	Washington DC-Khartoum Sudan-Washington DC	Y	N	N	None