

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

HAND DELIVERED

W. TODD AKIN

(Full Name)

305 CONWAY HILL RD.

(Mailing Address)

ST. LOUIS, MO 63141

Daytime Telephone:

202-225-2561

2007 MAY -4 AM 11:39

(Office Use Only)

Filer Status

Member of the U.S. House of Representatives

State: **MO**

District: **2**

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?
If yes, complete and attach Schedule I.

Yes No

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 No

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 No

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 No

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 No

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 No

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 No

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes No

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 No

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 No

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?

Yes No

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).

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.

W. Todd Akin

MAY 07

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✓ 2007 JUN -7 PM 2:27
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 U.S. HOUSE OF REPRESENTATIVES
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Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MO</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 15)	District: <u>2</u>	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination
			Termination Date:	

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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

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

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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.	W. Todd Akin	6/6/07

