

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

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -9 PM 4:08
MC
(Office Use Only)

Honorable Albert Benjamin Chandler, III

(Full Name)

975 Pisgah Pike Versailles, KY 40383

(Mailing Address)

202-225-4706

Daytime Telephone:

Filer Status

Member of the U.S. House of Representatives
State: KY
District: 06

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

<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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>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.</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>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.</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>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?</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 U.S.C. § 1001).

<p>Certification 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>A. B. Chandler III</i></p>	<p>Date (Month, Day, Year) <i>5/9/07</i></p>
---	--	--

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

Page 2 of 4

<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>
JT Woodford Sun, Inc. Stock Versailles, KY Newspaper	\$15,001 - \$50,000	Dividends	\$2,501-\$5,000	NA
JT Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	\$100,001 - \$250,000	Dividends	\$2,501-\$5,000	NA
JT Lipid Sciences, Inc. Stock	\$1,001 - \$15,000	NA	NA	NA
JT JP Morgan stock	\$1 - \$1,000	NA	NA	NA
KY Public Employees Deferred Compensation Account	\$50,001 - \$100,000	NA	NA	NA
KY Retirement Systems Account-Fidelity Contra	\$50,001 - \$100,000	Dividends Reinvested	\$2,501 - \$5,000	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

Page 3 of 4

JT	Rental Unit, 975 Pisgah Pike, Versailles, KY	\$1,001 - \$15,000	Rental	\$2,501 - \$5,000	NA
JT	Commonwealth Credit Union, Frankfort, KY	\$1,001 - \$15,000	Interest	\$1 - \$200	NA
	KY Public Employees Deferred Compensation Account-Gross Fund of America	\$15,001 - \$50,000	Dividends Reinvested	\$2,501 - \$5,000	NA
JT	Community Trust Bank	\$15,001 - \$50,000	Interest	\$1 - \$200	NA
SP	KY Public Employees Retirement Systems	\$15,001 - \$50,000	NA	NA	NA
JT	USEE Bonds	\$50,001 - \$100,000	Bonds held, not cashed	NA	NA

SCHEDULE IX - AGREEMENTS

Name Honorable Albert Benjamin Chandler, III

Page 4 of 4

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01-01-92	Commonwealth of KY Retirement Systems	Defined Benefit Plan
12-21-92	Commonwealth of KY Public Employees Deferred Comp	Defined Contribution Plan