

UNITED STATES HOUSE OF REPRESENTATIVES
2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
 2007 MAY 15 PM 4:40
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

Mary Copeland Fallin (Full Name)
1432 Longworth Bldg (Mailing Address)
Washington DC 20515
202-225-4995 (Daytime Telephone)

MC **MAIL AND DELIVERED** (Office Use Only) 4

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|---------------------|---|------------------------|--|-------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>Oklahoma</u> | <input type="checkbox"/> Officer or Employee | Employing Office: |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15) | District: <u>05</u> | <input type="checkbox"/> Amendment | 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 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 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 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. | |

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"/> |
| 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"/> |

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. | <i>Mary Fallin</i> | 5-15-07 |

SCHEDULE VIII — POSITIONS

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 other 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 |
|---------------------|------------------------------------|
| Former Chairwoman | Aerospace States Assoc. |
| Former Chair Board | National Lt. Governors Association |
| Former Board Member | Jasmine Moran Childrens Museum |
| Honorary Chair | Energy Advocates |

SCHEDULE IX — AGREEMENTS

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 |
|------|------------|--------------------|
| | None | |
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