

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

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For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 5: 54

Kenny Charles Hulshof
(Full Name)

24 Bingham Road Columbia, MO 65203
(Mailing Address)

202-225-2956
Daytime Telephone:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

Filer Status Member of the U.S. House of Representatives State: MO District: 09 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

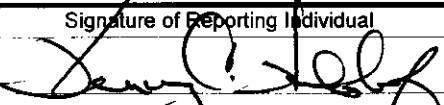
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable 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 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 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 checked="" type="checkbox"/> No <input 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.		May 15, 2007

SCHEDULE I - EARNED INCOME

Name Kenny Charles Hulshof

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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
Ralph Hall for Congress	Music Performance	\$300
Capitol Hill Club	Music Performance	\$130

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name **Kenny Charles Hulshof**

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source 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. 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. 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.		Year-End Value of Asset 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."	Type of Income 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)	Amount of Income 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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	Primevest Financial, St. Cloud, MN	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Citistreet, East Brunswick, NJ Dreyfus S&P Index	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Citistreet, East Brunswick, NJ Pimco Total Return Admin	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Citistreet, East Brunswick, NJ AIM Small Cap Growth	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Citistreet, East Brunswick, NJ SSGA Money Market	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	American Century, KC, MO Growth	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

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SP	American Century, KC, MO Ultra	\$1,001 - \$15,000	DIVIDENDS	NONE	
SP	American Century, KC, MO Value	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	
SP	American Century, KC, MO Global Growth	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	
DC	American Funds, San Antonio, TX Investment Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	American Century, KC, MO Prime Money Market	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
DC	American Funds, San Antonio, TX Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	American Funds, San Antonio, TX Investment Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	American Funds, San Antonio, TX Capital Income Builder	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	American Funds, San Antonio, TX Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	First National Bank, Columbia, MO	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	American Century, KC, MO Life Sciences	\$1,001 - \$15,000	DIVIDENDS	NONE	
JT	IRA, Citizens Bank, Charleston, MO	\$1,001 - \$15,000	INTEREST; Other - Mandatory Distribution	\$1,001 - \$2,500	
JT	KCH Hulshof Farms, 3550 W. 220th Road, Charleston, MO - Rental House	\$50,001 - \$100,000	RENT	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name **Kenny Charles Hulshof**

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JT	MO States Employees Retirement System	\$15,001 - \$50,000	DIVIDENDS	NONE	
JT	Great River Soy Processing Coop, Sikeston, MO	\$1,001 - \$15,000	DIVIDENDS	NONE	P
JT	MFA Oil Company, East Prarie, MO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Delta Growers Association, Charleston, MO	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	Prudential Financial	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	American Funds, San Antonio, TX Capital Income Builder	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Progressive Farm Credit, Charleston, MO	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
JT	KCH Hulshof Farms Real Property: Equipment	\$1,000,001 - \$5,000,000	RENT - Other-Farm Income	\$100,001 - \$1,000,000	S
JT	Certificates of Deposit, Citizens Bank, Charleston, MO	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Focus Bank (Formerly First Security State Bank), Charleston, MO - Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Citizens Bank, Charleston, MO - Accounts	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Bank of America, Columbia, MO - Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	First National Bank, Columbia, MO - Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	First National Bank, Columbia, MO	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

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JT	Savings Bonds	\$1 - \$1,000	INTEREST	NONE
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SCHEDULE IV - TRANSACTIONS

Name Kenny Charles Hulshof

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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
JT	Certificates of Deposit From Citizens Bank to Progressive Farm Credit Services	E	06-06-06	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Kenny Charles Hulshof

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Progressive Farm Credit, Charleston, MO	Real Estate, Equipment Debt; Operating Loan	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Kenny Charles Hulshof

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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
Wachovia Trust Company Conference	Jan. 11	St. Louis- Miami- St. Louis	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name Kenny Charles Hulshof

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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
Owner	KCH Hulshof Farms