BOB ETHERIDGE
2D DISTRICT, NORTH CAROLINA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES:
GENERAL FARM COMMODITIES AND RISK MANAGEMENT, CHAIRMAN
HORTICULTURE AND ORGANIC AGRICULTURE

COMMITTEE ON HOMELAND SECURITY
SUBCOMMITTEES:
EMERGENCY COMMUNICATIONS, PREPAREDNESS AND RESPONSE
EMERGING THREATS, CYBERSECURITY, SCIENCE AND TECHNOLOGY

COMMITTEE ON THE BUDGET

SENIOR WHIP

Congress of the United States
House of Representatives
Washington, DC 20515

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(1)

May 17, 2007

The Honorable Stephanie Tubbs Jones
Chairwoman
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

✓ MC

Dear Congresswoman Jones:

I am writing to amend my Financial Disclosure Statements for years 2005 and 2006 as filed with the Clerk of the House.

Schedule IV of my 2005 Financial Disclosure form should have listed jointly held American Opportunities stock as sold on 12-29-2004 for an amount between $1,001-$15,000. Consequently, it should not have been listed on Schedule III of my 2006 Financial Disclosure form.

I would also like to amend Schedule IV of my 2006 Financial Disclosure form to include as sold a jointly held stock, Alliance Capital Management Holding Co., on 10-05-2005 for an amount between $1,001-15,000; and to include as purchased by my spouse, Schlumberger Ltd stock in her IRA on 10-05-2005 for an amount between $1,001- $15,000. This Schlumberger Ltd. stock should also be listed as an asset on Schedule III.

I regret that these omissions occurred on my previous disclosures. Should you require any further information or have any questions, you may contact me or my Chief of Staff, Julie A. Dwyer at my office.

Sincerely,

Bob Etheridge
Member of Congress

MAY 17 2007

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

FORM A — For use by Members, officers, and employees

Bob Etheridge
(Full Name)

1106 Mamers-Summersville Road Lillington, NC 27548
(Mailing Address)

202-225-4531
Daytime Telephone:

Filer Status: ✓ Member of the U.S. House of Representatives — State: NC — District: 02 | ☐ 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

		Yes	No
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.**	✓	
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.**		✓
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.**	✓	
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.**	✓	
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.**	✓	
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.**		✓
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.**		✓
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.**	✓	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		✓

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

		Yes	No
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?		✓
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?		✓

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 wilfully 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.	[signature]	5/15/07

SCHEDULE I - EARNED INCOME

Name Bob Etheridge

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
State of North Carolina	State/Legislative Pension	$11,000
Harnett Board of Education	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

	BLOCK A **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.	BLOCK B **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."	BLOCK C **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)	BLOCK D **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.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1108 Mamers-Summerville Rd., Lillington, NC	$15,001 - $50,000	RENT	$2,501 - $5,000	
JT	Coca Cola	$1,001 - $15,000	None	NONE	
JT	Cornerstone Bank	$1,001 - $15,000	None	NONE	
JT	Dean Witter Money Market Trust	$1,001 - $15,000	None	NONE	
JT	Farm, Rt. 1, Broadway, NC	$250,001 - $500,000	RENT	$2,501 - $5,000	
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

JT	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA (Dow Chemical)	$1,001 - $15,000	DIVIDENDS	NONE	
	IRA (Ishares S&P Europe)	$1,001 - $15,000	DIVIDENDS	NONE	
	IRA (Ishares Tust Lehman)	$1,001 - $15,000	DIVIDENDS	NONE	
SP	IRA (Citizens Commonwealth)	$1,001 - $15,000	DIVIDENDS	NONE	
	IRA (Coho Energy Stock)	$1 - $1,000	None	NONE	
SP	IRA (Duke Energy)	$1,001 - $15,000	DIVIDENDS	NONE	
	IRA (Honeywell International)	$1,001 - $15,000	None	NONE	
SP	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	DIVIDENDS	NONE	
	IRA (Morgan Stanley Dean Witter)	$1,001 - $15,000	None	NONE	
	IRA (Progress Energy)	$1,001 - $15,000	None	NONE	
	IRA (RBC Centura)	$1,001 - $15,000	None	NONE	
JT	Microsoft	$1,001 - $15,000	None	NONE	
SP	NC State deferred compensation (401K)	None	None	NONE	

	NC State deferred compensation plan (401K)	$100,001 - $250,000	None	NONE	
SP	NC State retirement pension	None	None	NONE	
JT	New Century Bank	$15,001 - $50,000	None	NONE	
	Oppenheimer Equity Income fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pfizer, Inc.	$1,001 - $15,000	None	NONE	
JT	RBC Centura Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	New Century Bank	$15,001 - $50,000	None	NONE	P
	IRA (Amazon)	None	None	NONE	S
JT	IRA (Dupont)	None	None	NONE	S
	IRA (Nanometrics, Inc)	None	None	NONE	S
	IRA (WilliamsCo., Inc.)	None	DIVIDENDS	$1 - $200	S
JT	Cameron Intn Corp	$1,001 - $15,000	None	NONE	P
	IRA (Bank of New York)	$1,001 - $15,000	None	NONE	P
	IRA (Ishares D&P Europe Fund)	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

	IRA (NYSE Euronext)	$1,001 - $15,000	None	NONE	P
	IRA (Scoiabank DECD)	$1,001 - $15,000	None	NONE	P
SP	IRA (CitiGroup Inc)	$1,001 - $15,000	None	NONE	P
SP	IRA (Ishares MSCIEAFE Fund)	$1,001 - $15,000	None	NONE	P
SP	IRA (ScotiaBank DECD)	$1,001 - $15,000	None	NONE	P
JT	IRA (Conoco Phillips)	None	None	$5,001 - $15,000	S
JT	IRA (ScotiaBank DEPR)	$1,001 - $15,000	None	NONE	P
JT	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	None	NONE	P
JT	IRA (CITIGROUP)	$1,001 - $15,000	None	NONE	P
SP	IRA (Schulumberger Ltd)	$1,001 - $15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

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	New Century Bank	P	07-02-06	$15,001 - $50,000
	IRA (Amazon)	S	10-03-06	$1,001 - $15,000
	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
	IRA (Nanometrics, Inc)	S	10-03-06	$1,001 - $15,000
	IRA (WilliamsCo., Inc.)	S	10-03-06	$1,001 - $15,000
JT	McArthur Rd., Broadway, NC	P	09-08-06	$100,001 - $250,000
JT	Cameron Intn Corp	P	10-20-06	$1,001 - $15,000
	IRA (Bank of New York)	P	10-20-06	$1,001 - $15,000
	IRA (Ishares D&P Europe Fund)	P	10-20-06	$1,001 - $15,000
	IRA (NYSE Euronext)	P	10-20-06	$1,001 - $15,000
	IRA (Scotiabank DECD)	P	10-20-06	$1,001 - $15,000
SP	IRA (CitiGroup Inc)	P	10-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

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
SP	IRA (Ishares MSCIEAFE Fund)	P	10-20-06	$1,001 - $15,000
SP	IRA (ScotiaBank DECD)	P	10-20-06	$1,001 - $15,000
JT	IRA (Conoco Phillips)	S	10-03-06	$1,001 - $15,000
JT	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
JT	IRA (ScotiaBank DEPR)	P	10-20-06	$1,001 - $15,000
JT	IRA (Ishares MSCIEAPE Fund)	P	10-20-06	$1,001 - $15,000
JT	IRA (CITIGROUP)	P	10-20-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Bob Etheridge

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	Farm Credit	Mortgage on McArthur Road, Broadway, NC	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Bob Etheridge

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
Advisory Board	Ochoneeche Boy Scout Council