

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

**FORM A** Page 1 of 8  
For use by Members, officers, and employees

**AND DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
2007 MAY 15 PM 3:02  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Ronald James Kind

(Full Name)

1406 Longworth House Office Building Washington, DC 20515

202-225-5506

(Mailing Address)

Daytime Telephone:

*MC*

(Office Use Only)

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**Filer Status**

Member of the U.S. House of Representatives State: WI District: 03

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**

<p><b>I.</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p><b>VI.</b> 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><b>II.</b> 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><b>VII.</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p><b>III.</b> 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><b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p><b>IV.</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p><b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p><b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b> 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><b>Exemptions--</b> 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>Ron Kind</i></p>	<p>Date (Month, Day, Year) <i>May 15, 2007</i></p>
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**SCHEDULE I - EARNED INCOME**

Name Ronald James Kind

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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) totalling \$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 Wisconsin	Spouse Salary	N/A
Self-Employed Court Reporter	Spouse Salary	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Ronald James Kind

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BLOCK A <b>Asset and/or Income Source</b> 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 <b>Year-End Value of Asset</b> 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 <b>Type of Income</b> 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 <b>Amount of Income</b> 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.	BLOCK E <b>Transaction</b> Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	219 Pearl Street LaCrosse, WI	\$50,001 - \$100,000	RENT	\$15,001 - \$50,000	
SP	Putnam INU-IRA	\$1,001 - \$15,000	N/A	NONE	
	Wisconsin Deferred Compensation Program	\$15,001 - \$50,000	n/a	NONE	
SP	Wisconsin Deferred Compensation Fund	\$100,001 - \$250,000	n/a	NONE	P
	Janus Growth and Income Fund --IRA	\$15,001 - \$50,000	n/a	NONE	
	Janus Twenty Fund	\$1,001 - \$15,000	n/a	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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SP	Janus Growth and Income Fund	\$1,001 - \$15,000	n/a	NONE	P
DC	WI EdVest 529 Plan Fidelity	\$15,001 - \$50,000	n/a	NONE	P
DC	WI EdVest 529 Plan Fidelity	\$15,001 - \$50,000	n/a	NONE	P
DC	Janus Mercury Education IRA	\$1 - \$1,000	n/a	NONE	
DC	Putnam Mutual Fund	\$1,001 - \$15,000	n/a	NONE	
JT	Oakmart Equity and Income fund	\$15,001 - \$50,000	n/a	NONE	P
JT	Wells Fargo	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Oakmart Select Roth IRA	\$1,001 - \$15,000	n/a	NONE	P
DC	Janus Gobal Tech Mutual Fund	\$1,001 - \$15,000	n/a	NONE	
DC	Janus Twenty Fund -- Education IRA	\$1 - \$1,000	n/a	NONE	
DC	Mass Investors	\$1,001 - \$15,000	n/a	NONE	
DC	Mass Investors	\$1,001 - \$15,000	n/a	NONE	
JT	5 Buckhotz Road, Ettrick, WI	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	

**SCHEDULE IV - TRANSACTIONS**

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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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Wisconsin Deferred Compensation Fund	P	12 monthly payments	\$1,001 - \$15,000
SP	Janus Growth and Income Fund	P	12 monthly payments	\$1,001 - \$15,000
DC	WI EdVest 529 Plan Fidelity	P	12 monthly payments	\$1,001 - \$15,000
DC	WI EdVest 529 Plan Fidelity	P	12 monthly payments	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

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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 your or your spouse. Report "revolving charge accounts" 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	Wells Fargo Bank	Mortgage on 219 Pearl Street, LaCrosse, WI	\$50,001 - \$100,000
JT	Wells Fargo Bank	Mortgage on 5 Buckholtz Road, Ettrick, WI	\$100,001 - \$250,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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.

<b>Source</b>	<b>Date(s)</b>	<b>Point of Departure-- Destination--Point of Return</b>	<b>Lodging? (Y/N)</b>	<b>Food? (Y/N)</b>	<b>Was a Family Member Included? (Y/N)</b>	<b>Days not at sponsor's expense</b>
Congressional Economic Leadership Institute	Nov. 26- Dec. 2	La Crosse, WI -- Rome, Italy -- Geneva, Switzerland -- La Crosse, WI.	Y	Y	Y	N/A

# SCHEDULE VIII - POSITIONS

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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
Board of Directors	Greater LaCrosse Boys and Girls Club