

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

FORM A Page 1 of 9
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 5:04

Donald Milford Payne

(Full Name)

21 Bock Avenue Newark, NJ 07112

(Mailing Address)

(202)2253436

Daytime Telephone:

CLERK OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

AND DELIVERED

MC (Office Use Only)

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Filer Status

Member of the U.S. House of Representatives
State: NJ District: 10

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>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"/></p> <p>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"/></p> <p>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"/></p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>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"/></p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p> | <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>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? 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

| | | |
|---|--|--|
| <p>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> | | |
| <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>Donald M Payne</i></p> | <p>Date (Month, Day, Year) 5-15-07</p> |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Donald Milford Payne

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| <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> |
|---|--|---|---|--|
| (Smith Barney IRA) Core Fixed Income | None | DIVIDENDS | \$1,001 - \$2,500 | S |
| (Smith Barney IRA) Smith Barney Bank Deposit Program | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| (Smith Barney IRA) CG Capital Market Large Cap Value | \$15,001 - \$50,000 | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | SP |
| (Smith Barney IRA) CG Capitol Markets International Equity | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | SP |
| (Smith Barney IRA) CG Large Cap Growth | \$15,001 - \$50,000 | None | NONE | SP |
| (Smith Barney IRA) CG Small Cap Value | \$1,001 - \$15,000 | DIVIDENDS/CAPITAL GAINS | \$201 - \$1,000 | S |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Donald Milford Payne

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| | | | | |
|--|--------------------------|-----------|---------------------|----|
| (Smith Barney IRA) High Yield | None | DIVIDENDS | \$1,001 - \$2,500 | SP |
| (Smith Barney IRA) International Fixed Income | None | DIVIDENDS | \$201 - \$1,000 | S |
| (Smith Barney IRA) Small Cap Growth | \$1,001 - \$15,000 | None | NONE | S |
| (Smith Barney IRA) Smith Barney CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | P |
| (Smith Barney IRA) Smith Barney CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | P |
| (Smith Barney IRA) Smith Barney CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | P |
| (Smith Barney Shearson IRA) Smith Barney CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | P |
| 19 Bock Avenue, Newark, New Jersey | \$100,001 - \$250,000 | RENT | \$15,001 - \$50,000 | |
| CitiStreet | \$100,001 - \$250,000 | INTEREST | \$5,001 - \$15,000 | |
| Laser Master International Stock | \$1,001 - \$15,000 | None | NONE | |
| Medco Health Solutions, Inc. Stock | \$1,001 - \$15,000 | None | NONE | |
| Merck & Co. Stock | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | |
| Prudential Stock | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | |
| Schering Plough Corp. Stock | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| | | | | |
|-------------------|-------------------------|-----------|-------------------|--|
| Wachovia Stock | \$50,001 - \$100,000 | DIVIDENDS | \$2,501 - \$5,000 | |
| World Space Stock | \$1 - \$1,000 | /None | NONE | |

SCHEDULE IV - TRANSACTIONS

Name Donald Milford Payne

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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 |
|------------------|---|------------------------|---------------------|-----------------------|
| | (Smith Barney IRA) Smith Barney CD | P | 11-15-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Smith Barney CD | P | 11-15-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Smith Barney CD | P | 11-15-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Smith Barney CD | P | 11-17-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Core Fixed Income | S/S | 2-02-06 11-09-06 | \$15,001 - \$50,000 |
| | (Smith Barney IRA Capitol Markets High Yield | S/S | 2-02-06 11-09-06 | \$15,001 - \$50,000 |
| | (Smith Barney IRA) International Fixed Income | S/S | 2-02-06 11-09-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Small Cap Value | S/S | 2-02-06 11-9-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) CG Capital Markets Large Cap Value) | S/S | 2-02-06 11-09-06 | \$15,001 - \$50,000 |
| | (Smith Barney IRA) International Equity Fund | S | 2-02-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Large Cap Growth | S | 2-02-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Small Cap Growth | S/S | 2-02-06 11-09-06 | \$1,001 - \$15,000 |

SCHEDULE IV - TRANSACTIONS

Name Donald Milford Payne

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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 |
|------------------|---|------------------------|----------|-----------------------|
| | (Smith Barney IRA) International Equity Fund | P | 11-09-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Large Cap Value | P | 12-15-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) Large Cap Growth | P | 11-09-06 | \$1,001 - \$15,000 |
| | (Smith Barney IRA) International Equity Fund | S | 2-02-06 | \$1,001 - \$15,000 |

SCHEDULE V - LIABILITIES

Name Donald Milford Payne

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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 |
|------------------|----------------|-----------------------------|----------------------|
| | Smith Barney | Loan | \$50,001 - \$100,000 |
| | Sovereign Bank | Mortgage on 19 Bock | \$15,001 - \$50,000 |
| | PNC Bank | Home Equity Loan on 19 Bock | \$15,001 - \$50,000 |
| | Sovereign Bank | Home Equity Loan on 19 Bock | \$50,001 - \$100,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Donald Milford Payne

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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 |
|---|----------------------------------|--|-------------------|----------------|---|-------------------------------------|
| Aspen Institute | April 9-14 | Newark-Hawaii-Newark | Y | Y | Y | None |
| Congressional Black Caucus Institute | August 11- 13 | Newark-Memphis-Newark | Y | Y | N | None |
| Carib News Foundation | November 9-12 | Newark-Miami-Panama- Miami-Newark | Y | N | N | None |
| Council for Opportunity in Education | November 26-29 | Newark-San Juan-Newark | Y | Y | N | None |
| Johnson & Johnson | November 29- December 4 | Newark-Kenya-Newark | Y | Y | N | None |

SCHEDULE VIII - POSITIONS

Name Donald Milford Payne

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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 | Newark Day Center |
| Board of Directors | Newark YMWCA |
| Board of Directors | Discovery Channel Foundation |