

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
INHOFE	JAMES M.	2008	U.S. SENATE
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed
453 RSOB, Washington, DC 20510	(202)224-4721		

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART


	YES	NO		YES	NO
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 PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$335 from one source)? If Yes, Complete and Attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If Yes, Complete and Attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**


**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

**FOR OFFICIAL USE ONLY  
Do Not Write Below this Line**

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.		

**For Official Use Only - Do Not Write Below This Line**

It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)
		

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SECRETARY OF THE SENATE

**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

**BLOCK A  
Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

S, IBM Corp. (stock)  
Example: DC, or J (S) Keystone Fund

1	<input type="checkbox"/>	SCHEDULE ATTACHED
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
5	<input type="checkbox"/>	
6	<input type="checkbox"/>	
7	<input type="checkbox"/>	
8	<input type="checkbox"/>	
9	<input type="checkbox"/>	
10	<input type="checkbox"/>	

**BLOCK B  
Valuation of Assets**

At the close of reporting period. If None, or less than \$1,001, Check the first column.

1	2	3	4	5	6	7	8	9	10	11	12
None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			X								
				X							

**BLOCK C  
Type and Amount of Income**

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income										Amount of Income											
a	b	c	d	e	f	g	h	i		A	B	C	D	E	F	G	H	I	J	K	L
None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)		None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
	X							Example			X										Example
					X			Example	X												Example

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

JAMES M. INHOFF  
 Details of Revocable Living Trust  
 Capital Advisors  
 Securities Assets  
 Schedule IIIA

Asset and/or Income Source	Category	Type	Amount of
	Year End Value		
J ABB LTD ADR	3		
J AT&T INC	3	b	B
J ACCENTURE LTD SHS CI A	3	b	B
J BERKSHIRE HATHAWAY CLB	3		
J BROOKFIELD ASSET	3	b	B
J CAPITAL ONE FINL CORP	3	b	C
J DW DIV GRWTH	3	b	A
J EMERSON ELEC	3	b	C
J FEDEX CORP	3	b	A
J FOSTER WHEELER LTD	3		
J GENENTECH INC NEW	4		
J GENWORTH FINL INC CI A	2	b	B
J GENZYME CORP GEN DIV	3		
J GLAXOSMITHKLINE PLC AD	3		
J GOOGLE INC CL A	3		
J INTEL CORP	3	b	B
J KIMBERLY CLARK CORP	3		
J MARATHON OIL CORP	3	b	B
J MICROSOFT CORP	3	b	B
J MONEY MARKET FUND	5	b	D
J NASDAQ STK MKT	3		
J NORTHROP GRUMMAN	3		
J NOVARTIS ADR	3	b	C
J PROCTOR & GAMBLE	3	b	C
J RESEARCH IN MOTION LTD	3		
J SANOFI AVENTIS SPON ADR	3		
J SUNCOR ENERGY	3	b	A
J TOTAL FINA ELF S.A. ADR	3		
J UNITEDHEALTH GROUP	3		
J WALMART STORES	3		
J WYETH	3	b	B
J YUM BRANDS INC	3	b	B

The assets listed in Schedule IIIa are managed by Capital Advisors, a register investm Capital Advisors has full and complete discretion and trading authority over these assi managers do not consult with me on the nature or timing of any transaction with respe these assets.

The decisions made with respect to the buying and selling of these assets are made by Advisors as part of its overall asset allocation model, which asset allocation model is ; for most, if not all, of the similarly constituted accounts managed by Capital Advisors.

Transactions involving these accounts are reported in part IV.

JAMES M. INHOFE  
 Details of Revocable Living Trust  
 Capital Advisors  
 Securities Assets  
 Schedule IIIA

ATTACHMENT-PART IIIA-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

	Category	Type	Amount of
	Year End	Income	Income
	Value		
S	3	c	A
	<u>Asset and/or Income Source</u>		
S	1	c	A
	F&M Bank & Trust-Tulsa(Account)		
J	1	c	A
	Congressional Federal Credit Union(Account)		
S	4	c	F
	Arvest Bank & Trust-Tulsa(Account)-NAME CHANGE		
S	4	c	C
	Stillwater National Bank-Tulsa(Account)		
S	3	a	B
	Ford Motor Co.(Stock)		
S	2	a	C
	Dean Witter Discover		
S	2	a	A
	Dean Witter Stock		
S	2	a	A
	Visteon Corporation(Spinoff of Ford Motor Co.)		
S	3	a	B
	Citigroup Inc.(Transfer from The Associates*)		
S	1	c	A
	The First State Bank-Ketchum(Closed)		
S	1	c	A
	ONB Bank & Trust		
J	6	c	H
	Capital Advisors(Schedule Attached)		

\*Inherited by Kay Inhofe

