

## 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
Lincoln	Blanche L.	2008	Blanche L. Lincoln
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
355 Dirksen Senate Office Building, Washington, DC 20510	202-224-4843		

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART	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? <span style="float: right;">If Yes, Complete and Attach PART I.</span>	<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? <span style="float: right;">If Yes, Complete and Attach PART II.</span>	<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? <span style="float: right;">If Yes, Complete &amp; Attach PART IIIA and/or IIIB.</span>	<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? <span style="float: right;">If Yes, Complete and Attach PART IV.</span>	<input checked="" type="checkbox"/>	<input 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)? <span style="float: right;">If Yes, Complete and Attach PART V.</span>	<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)? <span style="float: right;">If Yes, Complete and Attach PART VI.</span>	<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? <span style="float: right;">If Yes, Complete and Attach PART VII.</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you hold any reportable positions on or before the date of filing in the current calendar year? <span style="float: right;">If Yes, Complete and Attach PART VIII.</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any reportable agreement or arrangement with an outside entity? <span style="float: right;">If Yes, Complete and Attach PART IX.</span>	<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? <span style="float: right;">If Yes, Complete and Attach PART X.</span>	<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.)

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.		05/14/09
	<b>For Official Use Only - Do Not Write Below This Line</b>	
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)
		

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

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## PART II. EARNED AND NON-INVESTMENT INCOME

<b>Reporting Individual's Name</b> Blanche L. Lincoln	<b>Page Number</b> 2
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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

	Name of Income Source	Address (City, State)	Type of Income	Amount
Examples:	<i>JP Computers</i>	<i>Wash., DC</i>	<i>Salary</i>	<i>\$15,000</i>
	<i>MCI (Spouse)</i>	<i>Arlington, VA</i>	<i>Salary</i>	<i>Over \$1,000</i>
1	Genetics and IVF Institute (spouse)	Fairfax, VA	Salary	
2				
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**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

**Reporting Individual's Name** 

Blanche L. Lincoln

**Page Number** 

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**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.

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

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							
					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							Type and Amount of Income												
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
							Example		X										Example
		X		X			Example	X											Example
								X											

S, DC or J	Exa- mple	IBM Corp. (stock)
		Keystone Fund
14		Bank of America; McLean, VA; American Balanced Retirement Fund (J)

**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.

