

# 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
Grassley	Charles E.	2008	NA
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
135 Hart Senate Office Building Washington, DC 20510	202/224-3744	NA	NA

## 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 checked="" type="checkbox"/>	<input 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.)

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 OFFICE OF THE SECRETARY OF THE SENATE

<b>Certification</b> <i>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.</i>	<b>Signature of Reporting Individual</b> 	<b>Date (Month, Day, Year)</b>  
<b>For Official Use Only - Do Not Write Below This Line</b>		
<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.</b>	<b>Signature of Reviewing Official</b>  	<b>Date (Month, Day, Year)</b>  

## PART II. EARNED AND NON-INVESTMENT INCOME

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
Example:	JP Computers	Wash., DC	Example	Salary	Example \$15,000
	MCI (Spouse)	Arlington, VA	Example	Salary	Example Over \$1,000
1	Chambers, Conlon & Hartwell (Spouse)	Washington, DC		Salary	Over \$1,000
2					
3					
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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.

**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.

S, DC, or J	Asset Name	Valuation of Assets								Type and Amount of Income										Actual Amount Required if "Other" Specified										
		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***	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
Example: S, DC, or J	IBM Corp. (stock)			X						X							Example	X												Example
	(S) Keystone Fund				X									X			Example	X											Example	
1	Raymond James & Assoc. Elite Cash - Client Interest Program-Formerly																													
2	Elite Heritage Cash Trust-Money Market-			X								X							X											
3	Aim Large Cap Growth Fund-Class A			X										X					X											
4	Alliance Bernstein Growth & Income Fund-Class B			X										X					X											
5	Alliance Bernstein Large Cap Growth Fund-Class A		X											X					X											
6	Allianz CCM Capital Appreciation Fund-Class A		X											X					X											
7	Allianz OCC Target Fund-Class A		X											X					X											
8	Munder Internet Fund-Class A		X											X					X											
9	Putnam International Equity Fund-Class A			X										X					X											
10	Nuveen Prem. Income Mun. Fund 2		X											X					X											

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.



**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.

**BLOCK B**

**Valuation of Assets**

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

**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.

	BLOCK B Valuation of Assets								BLOCK C Type and Amount of Income											Actual Amount Required if "Other" Specified										
	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***	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	
Example: S, DC, or J				X					X							Example	X													Example
(S) IBM Corp. (stock)				X												Example	X													Example
(S) Keystone Fund				X										X		Example	X													Example
1 RJ Bank Dep. Program-Formerly Heritage Bank Trust Money Market-SEP IRA			X											X		IRA Distr.						X								\$18,050
2 Aim Large Cap Growth Fund-Class A-SEP IRA	X													X				X												
3 Aim Capital Development Fund-Class A-SEP IRA	X													X				X												
4 Alliance Bernstein Growth & Income Fund-Class A-SEP IRA		X												X				X												
5 Alliance Bernstein Growth & Income Fund-Class B-SEP IRA	X													X				X												
6 Alliance Bernstein Large Cap Growth Fund-Class A-SEP IRA	X													X				X												
7 Alliance Bernstein Large Cap Growth Fund-Class B-SEP IRA	X													X				X												
8 Putnam Investors Class A-SEP IRA	X													X				X												
9 Putnam International Equity Fund-Class A-SEP IRA		X												X				X												
10 Hartford Capital Appreciation Fund-Class B-SEP IRA	X													X				X												

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.















**PART VII. LIABILITIES**

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)										
			\$10,001 - \$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
1991	13%	25yrs			X		E	X	A	M	P	L	E
1999	10%	On dmd				X	E	X	A	M	P	L	E
2007	6.5%	3 yrs.			X								

Name of Creditor	Address	Type of Liability
Example: S, DC, or J	First District Bank	Wash., DC
	(J) John Jones	Wash., DC
		Mortgage on undeveloped land
		Promissory Note

1	Larry and Sandra Bass	New Hartford, IA	Farm Contract
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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.



**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY <b>EXAMPLE</b>	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 95	11 / 0X
1	Farms - Butler County, IA	New Hartford & Cedar Falls, IA	Family Farm Operation	Proprietor	Life	Life
2	Partnership for a Drug-free Iowa-Face it Together Coalition	Des Moines, IA	Non-profit Education	Honorary Advisory Board Member	10/99	Present
3	(Partnership for a Drug-free Iowa and the Face it Together Coalition merged					
4	during 2008 since their missions were so similar)					
5	Iowans for Right to Work	Des Moines, IA	Non-profit Labor	Honorary Advisory Board Member	1/89	Life
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Compensation in excess of \$200 from any position must be reported in Part II.