This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amend application and will be reviewed by the Committee on Standards of Official Conduct or its designee. willfully fails to file this report may be subject to civil penalties and civrlinal sanctions (See 5 U.S.C.) 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.	CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transbecause they meet all three tests for exemption?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conductineed not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or page 8.)	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the appropriate	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No No No If yes, complete and attach Schedule III.	II. 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 No With au With au If yes, complete and attach Schedule II.	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 No II V. Did of filing the set of th	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QU	employee Employing Office:	Filer Candidate for the State: PA Date of House of Representatives District: LOTH Election: NOVEMBALL,	DALLAS PA 18612 (Mailing Address)	23 DALLAS SHOPPING CONTRAC	CHRISTOPHEN L. HACKETT	Period Covered: January 1, 2006 - DEWILL 21, 7487	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
ed The Statement My individual who	E REPORTING INDIVIDUAL AND DATED	"unearned" income, transactions, or liabilities of a spouse or dependent child Yes	Committee on Standards of Official Conduct and certain other "excepted trusts" such a trust benefiting you, your spouse, or a dependent child? (See Instructions, Yes	ON — ANSWER EACH OF THESE QUESTIONS	oriate schedule attached for each "Yes" response	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? Yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? Yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? Yes If yes, complete and attach Schedule IV.	QUESTIONS	than 30 days late.	Check if A \$200 penalty shall be assessed against anybody who files more	70, S74. OSSI	2000 JAN -4 PM 2	TO SECULAR TO SECULAR	and new employees	FORM B
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SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name CHRISTOPHEN L. HACKET

Page of

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date and, separately, 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 (include date of receipt for hoperaria)	Tuno	Amount	unt
("Indiana and a looply of introducting)	- ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
ONESOURCE LEASING SOLUTIONS, INC.	SALMEY	74,880	99,399
ONESOURCE LEASING SOLUTIONS, INC.	Spouse Strumy	108,51	18,200.
Connect (non weeks, inc.	DREAM PEE	6,000	101.

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THE ATTROOP	PLEASE SOF	JT Simon & Schuster 1st Bank of Paducah, KY accounts	SP, SP Mega Corp. Stock	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 interests 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.	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 the instruction booklet for the reporting year.	JRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting	Asset and/or Income Source 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
		Indefinite X	×	None \$1 - \$1,000 \$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 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		A B C D E F G H I J K L	BLOCK B Value of Asset at close of reporting period. 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 generated income, the value should be "None."
		X	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership)	Income or Farm	ı Income)	BLOCK C Type of Income Indicate type of income earned. Check all columns that apply. Check "None" if the asset did not earn any income during the reporting period.
		**	×	None \$1-\$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1-\$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$1,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000		Current Year Preceding Year	Amount of Income 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 the asset did not earn any income during a reporting year; do not leave blank.

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	=	Capital Gain	>	AMEREN CORPORATION
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=		Capital Gain	>	AMBOCS LIMITED
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LIMITED BRANDS	LIBERTY MEDIA HOLDING * * CAPITAL COM-SERIES A	LIBERTY MEDIA HOLDING	LEHMAN BROTHERS HOLDINGS	LEHMAN BROTHERS	LEGG MASON INC	L M ERICSSON TEL CO	KYPHON INC	KT CORPSPONSORED ADR	KROGER COMPANY	KRAFT FOODS CLASS A	KRAFT FOODS CLASS A	KRAFT FOODS CL A	KONINKLIJKE AHOLD NVSPONSORED	KONINKLIJKE AHOLD	KOHLS CORP	KINETIC CONCEPTS INC NEW	KIMBERLY-CLARK CORP	KIMBERLY-CLARK CORP	KIMBERLY-CLARK CORP	KIMBERLY CLARK	JUNIPER NETWORKS INC	JPMORGAN CHASE & CO	JPMORGAN CHASE &	JPMORGAN CHASE &	JOY GLOBAL INC	JONES LANG LASALLE INC	LANG LASALLE	JONES LANG LASALLE INC				
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SCHEDULE III — LIABILITIES

Name CHRISTOPHEN L. HACKETT

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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 previous calendar year exceeded \$10,000. 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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by

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				None	Example: First Bank of Wilmington, Delaware	-		
					Mortgage on 123 Main Street, Dover, Del.	Type of Liability		
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SCHEDULE IV — POSITIONS

an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as

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
	SEE MITHCHAN LISTING

Use additional sheets if more space is required.

SCHEDULE IV - POSITIONS

Shareholder

Shareholder

Shareholder

Shareholder

Shareholder

Shareholder

T&H Partners Partner Titan Partners Partner B&H Partners Partner Young Presidents' Organization Treasurer Comell Iron Works, Inc. Director Geisinger Wyoming Valley Director Greater Wilkes-Barre Chamber of Business & Industry Director Wyoming Seminary Trustee

Velocity Fulfillment Solutions, Inc.

OneSource Network Solutions, Inc.

OneSource Benefit Solutions, Inc.

OneSource Leasing Solutions, Inc.

Flexible Staffing Solutions, Inc.

OneSource, Inc.

SCHEDULE V—AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

NONE	Date	Parties To
		None

SCHEDULE VI--COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	