

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/29/2007		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Termination Cable/Month, Day, Year	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
Reporting Individual's Name Huckabee		Last Name Huckabee		First Name and Middle Initial Michael D.		Department or Agency (If Applicable)		
Position for Which Filing		Title of Position Presidential Candidate		Department or Agency (If Applicable)		Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.		
Location of Present Office (for forwarding address)		Address (Number, Street, City, State, and ZIP Code) 124 West Capitol, Suite 1200, Little Rock, AR 72201		Telephone No. (Include Area Code) (501) 324-2008		Nominees, New Entrants and Candidates for President and Vice President: Schedule A--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B--Not applicable.		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held		Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.				
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.		
Certification		Signature of Reporting Individual <i>Michael D. Huckabee</i>		Date (Month, Day, Year) May 13, 2007		Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.		
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		Agency Use Only		
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		OGE Use Only		
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Signature		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> (Check box if commencing on the reverse side) <input type="checkbox"/>		

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NONISSUED
 FEDERAL ELECTIONS
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Reporting Individual's Name
 Huckabee, Michael

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.												
	BLOCK B										BLOCK C												
											Type		Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
1 12 Stops, Inc.: International Speakers Bureau - CA Association of Health Plans											None (or less than \$1,001)		Dividends									Honoraria \$17,000	10/20/2006
2 12 Stops, Inc.: Washington Policy Center											\$1,001 - \$15,000		Rent and Royalties									Honoraria \$10,000	09/26/2006
3 12 Stops, Inc.: National Association of Music Manufacturers											\$15,001 - \$50,000		Interest									Consulting \$40,000	
4 12 Stops, Inc.: International Speaker's Bureau - Public Health Institute											\$50,001 - \$100,000		Capital Gains									Honoraria \$13,000	01/16/2007
5 12 Stops, Inc.: Castle Partners											\$100,001 - \$250,000		None (or less than \$201)									Honoraria \$15,000	07/05/2006
6 12 Stops, Inc.: International Speaker's Bureau - Grant Makers In Health											\$250,001 - \$500,000		\$201 - \$1,000									Honoraria \$4,000	02/16/2007
7 12 Stops, Inc.: International Speaker's Bureau - Novo Nordisk											\$500,001 - \$1,000,000		\$1,001 - \$2,500									Honoraria \$17,500	03/01/2007
8 12 Stops, Inc.: Keppler Speakers - Utah League of Cities & Towns											Over \$1,000,000*		\$2,501 - \$5,000									Honoraria \$10,000	04/12/2007
9 12 Stops, Inc.: Prestonwood Baptist Church											\$1,000,001 - \$5,000,000		\$5,001 - \$15,000									Honoraria \$1,500	01/15/2006
											Over \$5,000,000		\$15,001 - \$50,000										
											Excepted Investment Fund		\$50,001 - \$100,000										
											Excepted Trust		\$100,001 - \$1,000,000										
											Qualified Trust		Over \$1,000,000*										
													\$1,000,001 - \$5,000,000										
													Over \$5,000,000										

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name
 Huckabee, Michael

Assets and Income	Valuation of Assets at close of reporting period										Income: Type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.												
	BLOCK A					BLOCK B					BLOCK C					Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
1	12 Stops, Inc.: International Speaker's Bureau - Novo Nordisk																				Honoraria \$17,500	03/12/2007	
2	12 Stops, Inc.: International Speaker's Bureau - Institute for Health & Productivity																					Honoraria \$13,000	03/22/2007
3	12 Stops, Inc.: International Speaker's Bureau - Washington University																					Honoraria \$13,000	04/04/2007
4	Spouse: American Red Cross																					Salary	
5																							
6																							
7																							
8																							
9																							

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name
 Huckabee, Michael D.

SCHEDULE C

Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude

a mortgage on your personal residence unless it is rented out; loans secured by automobiles; household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)														
						- 10,000	10,000 - 15,515	15,515 - 50,000	50,000 - 100,000	100,000 - 250,000	250,000 - 500,000	500,000 - 1,000,000	Over \$1,000,000*	1,000,000 - 5,000,000	5,000,000 - 25,000,000	25,000,000 - 50,000,000	Over \$50,000,000			
1	First District Bank, Washington, DC John James, 123 1st, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs. on demand					X										
2																				
3																				
4																				
5																				

*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1 Pension		One Jones & Smith, Hometown, State	7/85
2 401(K) Plan		State of Arkansas	
3 Retirement Annuity		12 Stops, Inc.	
4		Annuly Board of the Southern Baptist Convention	
5			
6			

Reporting Individual's Name: Huckabee, Michael D. Page Number: 10 of 10

SCHEDULE D

Part I: Positions Held Outside U.S. Government

Report any positions held 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. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Natl Assn of Book Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	The Cooper Institute, Dallas, TX	Non-profit: Health Awareness & Research	Board Member	11/2005	Present
2	Flagship Global Health, New York, NY	Corporation: Medical Networking	Board Member	09/2005	Present
3	Education Commission of the States, Denver, CO	Non-profit: Education & Public Policy	Board Member/Chairman	07/2004	07/2006
4	12 Steps, Inc., Little Rock, AR	Corporation: Publishing/Communications	Officer	10/2004	Present
5	National Governors Association, Washington, D.C.	Governors Association	Chairman	07/2005	07/2006
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other source (Name and Address)

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

Examples	Source (Name and Address)	Legal services	Brief Description of Duties
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction	
1			
2			
3			
4			
5			
6			

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FEDERAL EXPRESS
2007 MAY 15 11:03:34

FedEx PRIORITY OVERNIGHT **TUE**
emp# 547165 14MAY07
TRK# 8607 8232 3083 FORM 0200
IAD
15MAY07
Part 8297425 04/07

FedEx® US Airbill
Express Tracking Number **8607 8232 3083**



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fedex.com 1.800.GoFedEx 1.800.463.3339

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airbill
here



1 From
Date: 5/14/07
Sender's Name: [Redacted]
Company: [Redacted]
Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP: [Redacted]
Phone: [Redacted]

2 Your Internal Billing Reference
City: [Redacted] State: [Redacted] ZIP: [Redacted]

3 To
Recipient's Name: [Redacted] Phone: 501 623 4670
Company: [Redacted]
Recipient's Address: [Redacted]
We cannot deliver to PO boxes or P.O. ZIP codes.

Address: [Redacted] (Use if house/apartment)
City: [Redacted] State: [Redacted] ZIP: [Redacted]



8607 8232 3083

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 Next Business Day™ (Monday-Friday)
 FedEx 2Day
 FedEx Express Saver
 FedEx Overnight (Not available)
 FedEx 3Day Freight

4b Express Freight Service
 Next Business Day™ (Monday-Friday)
 Next Business Day™ (Tuesday-Thursday)
 Next Business Day™ (Friday)
 FedEx 2Day Freight
 FedEx 3Day Freight

5 Packaging
 FedEx Envelope™
 FedEx Pak™
 FedEx Small Pak
 FedEx Large Pak
 FedEx Sturdy Pak
 FedEx Box
 FedEx Tube
 Other

6 Special Handling
 SATURDAY Delivery
 HOLD Saturday at FedEx Location
 HOLD Saturday at FedEx Location (Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.)
 HOLD Saturday at FedEx Location (Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.)
 HOLD Saturday at FedEx Location (Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.)

7 Payment
Sender: [Redacted] Recipient: [Redacted] Third Party: [Redacted] Credit Card: [Redacted] Cash/Check: [Redacted]
Amount: \$ 100

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 No Signature Required
 Direct Signature
 Indirect Signature
 Signature Required (Signature of recipient or authorized signatory)

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