Name:

In all sections, please type or print clearly in blue or black ink

employee New officer or

Status 물

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must b
S S	1	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	 ĕ	No.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III.
₹ <b>€</b>	<b>6</b>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹ 	<b>8</b>	<ol> <li>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?</li> <li>If yes, complete and attach Schedule II.</li> </ol>
R E	Yes 🔲	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? If yes, complete and attach Schedule IV.	<b>№</b>	Y <sub>8</sub>	<ul> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ul>

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **68** 3 ₹ ₹ **\** 

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name WENDY W ROSAN

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during 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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		<b>A</b>	
Source (include date of receipt for honoraria)	Туре	Current Year to Filling	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6.300	\$28,450
-т	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	×
THE BOSEN GROUD INC	GALDRY		195,00
MILL CONTEND TRATLERSHIP		Ø	Ø
mark downs office fundamer	REIMBYREANNINT	12/563	Se se
TRA WENCY ROSEN		B	2000
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			13	Ro:	1	DC, Examples:	SP.	ness, the nature of its location in Block,A.  Exclude: Your personation homes and vacation homes and vacation home source is in accounts; and any fin derived from, a federal the Thrift Savings Plan.  If you so choose, you income source is that o ent child (DC) or is jointly the optional column on the optional refer to the instruction of the column on the optional column on the optional column on the optional refer to the instruction of the column on the optional column on the o	For an owners!	account and its value at the e For rental or other real pro	Asset and/or leading to the end of the reporting reportable asset or sources more than \$200 in "unearned than \$200 in "unearned than \$200 in "unearned than \$200 in "unearned than \$200 in "contains of the retire plans) that are self-directed have the power, even if not clific investments), provide the account that exceed for retirement accounts we
		Il Captre	ARK DOWNS	ROSEN GROUP	1st Bank of Paducah, KY accounts		SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block,A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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 with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the Instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	<u> </u>	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, the other harms and the institution hading the
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						Royatties		Other Type of Income (Specify: e.g., Partnership Income or Farm I	Income)		Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if the asset generated no income during the reporting period.
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<b>₹</b>	HEDULE II — ASSETS AND "UNEARNED" INCOME tinuation Sheet (if needed)	á		Ĉ	Z	T.	<b>-</b>	Ĩ	m	Q	_	Z	Ω	9		•••						<u> </u>	Name	_	WENCY	5	اح	lacksquare	-2.	18	<u> </u>	<b>7</b> ()	$\tilde{c}$		ROSEL		1	1	<u></u>	Pa	Page	12		110	16,	
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#### SCHEDULE III — LIABILITIES

Name WENCY W ROSEN

Page 5 or

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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.

					SP, DC, JT
1201 SIMMS YOUW SHOWN	CREDIT CAPOS	Music Compared	graviously interes	Example: First Bank of Wilmington, DE	Creditor
2009	2010	1933	1999	May 1998	Date Liability Incurred mo/year
	/	Pedary	PRINTING	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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	×				\$15,001— \$50,000
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					\$5,000,001— <b>±</b>
					\$25,000,001—_ \$50,000,000
					Over \$50,000,000

#### SCHEDULE IV — POSITIONS

prise, 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 an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-

and positions solely of an honorary nature **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

מום פסיווסווס שטוסוץ כו מון ווסווסימוץ וומנמוס.	
Position	Name of Organization
FOUNDER	ACTS BUSINES FRENTENTE SOUNDES
Townork	DANTINE TRADE DE DEL DELLE
BOARD MONGER	FLORIDA CROSTS MGD
PANTNER ORG	AMERICAN SUSTAINARY BUSINESS COUNCIL
l	

NAME WENDY NO ROSEN

#### SCHEDULE V — AGREEMENTS

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.

		 	_	
Terms of Agreement				
Parties To	NONE			
Date				

# 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
Doe Jones & Smith, Hometown, Homestate	Accounting services
No Ne	