	esponse.	appropriate schedule attached for each "Yes" response	and the	e answered	Each question in this part must be answered and the appropriate sched
× ×	Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yee, complete and attach Schedule VI.	8 }	Yes X	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.
× ×	Yes 🔲	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S	Yes X	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? If yee, complete and attach Schedule II.
N _S	Yes X	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.	No □	Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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

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. **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? Yes Yes <u>₹</u> <u>8</u> ×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name ROBBY (ROB) ROARIK

Page 2 of 6

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.

							SENIOR OPERATIONS LLC	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	-	XYZ Corporation, Houston, TX	Scarce (ilicidos date of lecerpo for itoriotaria)	Course (include date of receipt for homogenia)
							Y	Spouse Salary	Honorarium	Director's Fee	Salary	ypa	
						•	8,552	NA	0	\$400	\$6,300	Current Year to Filing	Amount
							33,135	NA	\$1,000	\$ 3,200	\$28,450	Preceding Year	unt

ADIK (BABSON)	HOLK SACIFIC GROWTH AMOUNT	401K	SHARE SAVE PLAN		Examples:	SP, SP Mega Corp. Stock	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, 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 rental or other real property held for investment, provide a complete address.	account and its value at the end of the reporting period.	BLOCK A 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 executs which are not self-directed, provide only the name of the institution holding the
*) ×	×	×	×	Indefinite	×	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 - J X L	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
*	*	X	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
× ×	X	X	X		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000,000 \$200,001 - \$1,000,000 \$200,001 - \$1,000,000 \$200,001 - \$1,000,000		Current Year Preceding Year	Amount of Income 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. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBBY (ROB) ROARK

	1					ı		ı —	ı								
														DC JT, SP,	"· <u>-</u> -		
										1						As	
]												set	
]	1					-							an	
ŀ			1	1												ď	ш
																¥	BLOCK A
									•							ncc	웃
							1									Ĭ	Þ
				1												လ္ခ	
			-													Asset and/or Income Source	
			ļ. 													6	
							t		<u> </u>					None	≻		•
														\$1 – \$1,000	В		
														\$1,001 - \$15,000	O		
					ļ	<u> </u>								\$15,001 - \$50,000	<u> </u>	<u>√a</u>	
			-	-	 			-					 	\$50,001 - \$100,000	m TI	Value of Asset	<u>B</u>
									-					\$100,001 - \$250,000 \$250,001 - \$500,000	G	으	BLOCK B
														\$500,001 - \$1,000,000	핔	Ası	B
														\$1,000,001 - \$5,000,000	_	set	
														\$5,000,001 - \$25,000,000	듸		
		<u> </u>		 	 	ļ			ļ	ļ			<u> </u>	\$25,000,001 - \$50,000,000	<u>~</u>		
	<u> </u>	l	<u> </u>				-							Over \$50,000,000 NONE			
								· ·						DIVIDENDS	\dashv		
														RENT		4	
														INTEREST	\Box	ΑŽ	_
					ļ									CAPITAL GAINS		9	Ы
										-				EXCEPTED/BLIND TRUST		<u></u>	BLOCK C
														Other Type of Income		Type of Income	ဂ
														(Specify: e.g., Partnership Income		ĭe	
														or Farm Income)			
			<u> </u>	<u> </u>										<u> </u>	4		
									<u> </u>					None	I		
<u> </u>		 		ļ	ļ									\$1 - \$200 == \$201 - \$1,000 ==			
		<u> </u>	 				-			-				\$1,001 - \$2,500	?		
				İ	İ									\$2,501 - \$5,000 <	5		
														\$5,001 \$15,000 <u><</u>	1		
				 										\$1,001 - \$2,500	5		
			-		-					-			ļ	\$50,001 - \$100,000 \(\leq\) \(\frac{1}{2}\) \(\frac{1}{2}\)	?	Æ	
		<u> </u>	 											\$1,000,001 - \$5,000,000 ×	1	ē	m
														Over \$5,000,000 ≚	1	=	Ď
														None –		≚	BLOCK D
			ļ											\$1 - \$200 =	_	റ്റ	J
						ļ							ļ	\$201 - \$1,000	7	Amount of Income	
		<u> </u>	ļ -	ļ					-					\$201 - \$1,000 \(\equiv \) \(\frac{1}{5}\) \(\f	}		
		-	 	 	ļ. 									\$5,001 – \$15,000 ≤	}		
<u> </u>		-	<u> </u>											\$15,001 - \$50,000 \leq \(\begin{array}{c} \delta \\ \delta \end{array}	<u> </u>		
														\$5,001 - \$15,000 \leq \$15,001 - \$50,000 \leq \$50,001 - \$100,000 \leq \$100,001 - \$1,000,000 \times	{ 		
					<u></u>	ļ				ļ							
.		<u></u>	ļ									į		\$1,000,001 - \$5,000,000 ×			
	l	l	L		1	l		l						Over \$5,000,000 ≚			

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name ROBBY (ROB) ROARK

Page 5 of 6

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 ling 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. 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 sib-

			J C,	
	RONA	Example:		
	ROWALD ROARS	Example: First Bank of Wilmington, DE	Creditor	
	MAY 2007	May 1998	Date Liability Incurred mo/year	
	PERSONAL LOAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			\$10,001— \$15,000 >	
	×		\$15,001 \$50,000 co	
			\$50,001	
		×	\$100,000	
		×	\$100,000	Amount
		X	\$100,000	Amount of Lia
		×	\$100,000	Amount of Liability
		×	\$100,000	Amount of Liability
		X	\$100,000	Amount of Liability

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offi-

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

and positions solely of all horiotally riature.	aure.
Position	Name of Organization
VICE CHAIR MAN	TEXAS LIBERTY CAMPAILL
SOLE MEMBER	RIPPLE ENTERPRISES LLC

SCHEDULE V - AGREEMENTS

Name ROBBY (ROB) ROARK

Page 6 of 6

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.

ent plan mann	פווג לומוי וומויתמוויפט בין מינוויפו פוויףיבין.	
Date	Parties To	Terms of Agreement
	NIA	
	-	

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
N/A	