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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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 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 an outside entity? If yes, complete and attach Schedule II.	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? Yes No 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.
hed for each "Yes"	than \$5,000 from	t or arrangement	
response.	Yes 🔲	Yes 🔲	Yes 🔀

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

Š D	Yes	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.
S ⊠	Yes 🔲	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?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joel A, Knowse

Page M Ç,

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.

Exclude: Military pay (such as National Guard or Reserve pay), rederal retirement programs, and benefits received under the Social Security Act. Amount	ement programs, and benefits re	Selved under the Social Sec	unt
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA NA	NA
Jucob Flectronics / Lewisulle TX	Salary	4300	416,000
Methodist Health System (SP)	202	\$ 5660	36,994
,	Spouse Selent		9,932
Alere Women's + Oniblien's Health	Sporse salary		× 6,790
	-		

Point BARVIC	Fidelity Divermonts	American Funds Relocat	Honeywall Retrement	Lewisville, TX	Sports Video Europout		DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	provide a complete address or a description, e.g., "rental property," and the city and state. 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 II requirements, please refer to the instruction booklet.	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 "unearmed" income during the year. Provide complete names of stocks and mutual funds (to not use ticker symbols). For all IFAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
X	×	X			y	×	Indefinite	X	Spouse/DC Asset over \$1,000,000* ≤	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." *This column is for assets solely held
7	>	×.	>		SE LAZ	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" 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.
	×	× ×	×		×	×	×	×	None	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Joel Krause

Page L of

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SCHEDULE III — LIABILITIES

Name Joel Krouse Page 5.

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

				SP, DC, JT	
			Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	_
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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Ī			 <u> </u>	\$50,000,000 Spouse/DC	

SCHEDULE IV — POSITIONS

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, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

Position	Name of Organization
OFFICER	webb Electronics, LTD TX
OFFICER	Knause Fruestment Paperties LTD its
OFFICER	webb Electronics Management ele tx
officer	Video Museot LLC
Offices	Knowse Bropertics LLC YX

Use additional sheets if more space is required.