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

PRELIMINARY INFORMATION ANSWER FACH OF THESE CHESTIONS

	esponse.	appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must be answered and the appropriate schedu
S	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 VI.	S S	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
[№] X	Yes 🔲	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _S	Yes 💢	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 yes, complete and attach Schedule II.
	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 U	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 GOESTIONS	מי ווובי		ALLIMINANT IN COMMISSION - ANSWED EACH OF THESE GOESTIONS

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

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Thomas
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Emmer
Jr.

Page 2 of 5

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 (social as National Guard of Reserve pay), levelal femellent programs, and		Amount	unt
Cource (ilicitude date of receipt for frontoraria)	туре	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
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Clear Channel, San Antonio, TX	Salary	Ø	45,000
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State of MN fension conquests	Citibunk IRA	(ACESTORES CONTRACTOR)	legal Structs, Delan o MN		1st Bank of Paducah, KY accounts	DC Examples: Simon & Schuster	SP Mega Corp. Stock	ing \$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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits total-	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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
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		<u> </u>	ļ	ļ	1	<u> </u>		\$1 - \$1,000		00	be "None." *This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because	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.		
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+			5.5-9	9	╆	7	┼	Other Type of Income			# žž®		spe sate	ð	
			1 of 1	4	ı	Royalties		(Specify: e.g., Partnership Income or Fam	n Income)	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))		
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	<u></u>	<u> </u>			İ×	×		\$2,501 - \$5,000	4] 8	8	income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held to	For assets for which you checked "Tax-Deferred" in Block C, you n check the "None" column. For all other assets, indicate the categor income by checking the appropriate box below. Dividends, Interested , must be disclosed		
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								Over \$5,000,000 Spouse/DC Income over \$1,000,00	2	<u> </u>		icome. Check "None" if no income was earned or generated. This column is for income derived from assets solely held by your	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		

SCHEDULE III — LIABILITIES

	Name Thomas
*	Earl
	Emmer Is
	Page 4 of S

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 sibowed 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.

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		Bank of Meple Plan , MN	Klun Bunk, By Lake, mu	Example: First Bank of Wilmington, DE	Creditor	
		Inc was Note	LOBE Any	May 1998	Date Liability Incurred mo/year	
		Note	May 2007 Mortyuse on Princy Residency, MN	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	•				\$10,001 \$15,000	
					\$15,001— \$50,000 TI	
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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);

and positions solely of an isotionary materio.	idui c.
Position	Name of Organization
Owner/Partner	Emmer Lew Firm, PA
Employee	Char Charmal

SCHEDULE V — AGREEMENTS

Name Thomas
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Emmer
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Page S of S

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.

	 		•
Date			
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Parties To			
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Terms of Agreement			
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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
Emmer Law, PO BOX GSO, Delano, MN SS328	Legal Service / Partnership Income
Clear channel, 200 E Busse, Sun Antini, TX	Talent