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

•	,
7	ĺ
=	•
т	
===	
3	۰
-	
_	
	,
_	•
	ĺ
	į
_	١
=	
Z	
=	
البر	١
	١
=	
	į
==	
~	۰
=	
77	
	ĺ
_	į
	١
U	
	,
RMATION	•
ŧ	
-	
D	Ì
	,
ź	
	١
V	,
<	,
€	
₹	֡
₹	
SWER	
WER	
WER E	
WER E.	
WER EA	֡
WER EAC	
WER EAC	
WER EACH	
WER EACH	
WER EACH	
WER EACH C	
WER EACH OF	
WER EACH OF	
WER EACH OF	
REACH OF T	
REACH OF THE	
REACH OF T	
REACH OF THE	
REACH OF THESE	
REACH OF THESE	
REACH OF THESE	
REACH OF THESE QU	
REACH OF THESE	
REACH OF THESE QU	

	esponse.	appropriate schedule attached for each "Yes" response.	and the a	e answered	Each question in this part must be answered and the appropriate schedu
₹ §	Yes	No YI. 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.	정	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yea, 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.	8	ž E	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.
Š	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.	No.	§ ∑	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.

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. Yes Yes No No 8 **전**

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Shave	
Goettle	
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.

Course during the second for Language		Amount	unt
Source (include date of receipt for nonoraria)	·ybe	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
T	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Spouse Salary		NA
ckote	· Leave		\$143,500
	Saka	#134,652	Q
	0		•
	·		
	-		

1) Income Equate Inc. Fund c) Growth Fund Diner Inc. Frank Class F 3	Ganca Spl	2) Euro Pac Grandon Fd Cham F1	£ .	IT Sife! Nicolano (Mustical Fund)	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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 (<i>unless</i> 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.	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, for even account that exceeds the reporting thresholds.
×	. ×	*	**		×	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 - \$5,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000		ABCDEFGHIJKL	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		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		Type of Income 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) 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	×	× ×		×	×	×	\$1 - \$200	× × × · · · ·	Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or 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)		Г	Name Thone (30 CTHO Page 1 or
BLOCK A	вгоск в	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
S-P	ABCDEFGHIJKL		Current Year Preceding Year
<u> </u>	0 00 00 ,000 00,000	ne	
DC .	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 - \$1,000,00 \$1,000,001 - \$5,000 \$25,000,001 - \$55,000 \$25,000,001 - \$50,000 \$25,000,001 - \$50,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND T Other Type of Income (Specify: e.g., Partnersh or Farm Income)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,000,001 - \$5,000,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000,000 \$1,0001 - \$1,000,000 \$1,0001 - \$1,000,000
· Oppenheiser Dulp Mouleuts Folicia	X	×	x
· Royce Fd Premier Series	×	X	*
Thorn burg Trut To Italy	*	х	K
SP Sife! Nicolamo (IRA)			
· Beckrock Faguity Vivideal Fund	~		*
· Crown-Twad Alber Inc CIA	*	*	X X
· Growth Find Par Inc Ohn F2	*	~	x
FI 13 cost-sear 1613 Fet place.	*	*	X
· Oppenhaimen DVD Minks FUGA	*	*	*
· RS Inv+ Tout Yoka Tand (1)		*	X
·Rs Just Trust Value Fund CIA	X	×	\(\chi_{\text{\chi}}\)
Thornton Jan To Lat Value	P K."	*	
Thornbea Invo Tr Int Value Folde	X	X	*
TTAA-(RET) Lifey to the	X	X	IX
(NOPERS (Inis page may be	ge may be copied if more space is required.		

Continuation Sheet (if needed)

Name Shane Go

Page 5

	4				%	7	7		DC JT, SP,	
TAG Gravel, LLC Domander	Start Falls, SD	sole investment in LLC is shock in	'	word on	s take		Wells Fago Checking	9/5/1/9800 pay 1380-400		BLOCK A Asset and/or Income Source
	×		×		X	*	*	X	None	BLOCK B Value of Asset
Howard Trace		X	Pochershy	X	X	*		*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
*	×		X	X	X	X	× ×	*	None	BLOCK D Amount of Income
			***						\$201 - \$1,000 \(\equiv \) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac	ome

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Strane Goe+16

Page 6 of 6

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.

Date	-,,,,,,	
Date Liability Type of Liability Type of Liability		J C SP
Mortgage on 123 Main Street, Dover, DE \$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$250,000 \$250,001— \$1,000,000 \$1,000,0001— \$5,000,000 \$5,000,000 \$5,000,0001— \$25,000,000 \$25,000,0001—		Creditor Example: First Bank of Wilmington, DE
\$10,001— \$15,000 B \$15,001— \$50,000 C \$50,001— \$100,000 C \$100,001— \$250,000 M \$500,001— \$1,000,000 T \$1,000,001— \$5,000,000 D \$5,000,001— \$5,000,000 C \$25,000,000		Date Liability Incurred mo/year
\$15,000 \$15,001— \$50,001— \$100,000 \$100,001— \$250,001— \$500,001— \$1,000,001— \$1,000,001— \$5,000,000 \$5,000,001— \$5,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000		121
\$50,000		
\$100,000 \$100,001 D \$250,001 M \$250,001 M \$500,000 T \$1,000,000 D \$1,000,001 O \$5,000,000 D \$5,000,000 D \$25,000,000 D		\$50,000
\$250,000		\$100,000
\$5,000,001— T \$25,000,000 T \$25,000,001— \$50,000,000 —		× \$250,000 D
\$5,000,001— T \$25,000,000 T \$25,000,001— \$50,000,000 —		\$500,000 m 3
\$5,000,001— T \$25,000,000 T \$25,000,001— \$50,000,000 —		\$1,000,000 T a a c
\$25,000,001— \$50,000,000		\$5,000,001—
Over		\$25,000,001—_
		Over

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-

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
Director-Owner	JAB Gravel, LLC (Private Company-for profit)
Moin bu - Rivines	lete Company
Board Member	NO Trade office (Non-Profit)
Bosing Mondon	NOTA (5016)(3) (Non-Profit Education)
6	