Yes No	child because nduct.	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 Standards of Official Conduct.	d" income, tranifirst consulted	ort any other assets, "unearne Inswer "yes" unless you have	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	they meet a
™ Yes No 🗹	d trusts" need no	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 dependent child?	e on Standard ng you, your s	sts" approved by the Committed to the committed that the committed tha	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS-I
QUESTIONS ,	OF THESE	RMATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEP	EXCLUS
tion in this part must be answered and the schedule attached for each "Yes" response.	must be an ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	No 🗹	e any reportable Yes	V. 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 V.	V. Did you, i liability (mor If yes, com
Yes No V	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No ☑	n exceeding Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, or exchange \$1,000 durid If yes, com
Yes No	or before the dat		8	eive "unearned" or hold any nd of the period?	III. 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 III.	III. Did you, income of m reportable a If yes, com
Yes No	d receive any in the reporting a)?		₹	ation to charity in article in the	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did any individ lieu of paying you reporting period? If yes, complete
Yes No V	d receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	□ §	(e.g., salaries or orting period? Yes	 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. 	I. Did you o fees) of \$20 If yes, com
		SE QUESTIONS	OF THESE	- ANSWER EACH	PRELIMINARY INFORMATION -	PRELIMI
yone who files more s late.	against anyone than 30 days late	Termination Date:	Linbroyco	Amendment	Annual (May 17, 2010)	Report Type
A \$200 penalty shall be assessed	A \$200 pen	or Employing Office:	Officer or	State: TN District: 04	Member of the U.S. House of Representatives	Filer Status
2011 FEB*-9 PM 2: 29 OFFICE OF THE CLESK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	2011 FEB* OFFICE U.S. HOUSE OF	Daytime Telephone:	Daytime		Baron P. Hi	Name:
POSTWARK ILLEGIBLE	POSTMA	Form A For use by Members, officers, and employees	MENT	HOUSE OF REPRESENTATIVES 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE ST	CALEND

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SCHEDULE I — EARNED INCOME

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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Salary	\$1,000 NA
Indiana Teacher Retirement Fund	Spouse Pension	NA
School Severance until Social Security	Sparse Severance	NA

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official

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Source	Activity	Date	Amount
$\overline{}$	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500

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Name

Page 0

BLOCK E

BLOCK A

Asset and/or Income Source

Block A. For additional information, see of its activities, and its geographic location in Block A. For additional information, see the Instruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting reporting threshold. For retirement plans that are provide the value and income information on plans (such as 401(k) plans) that are self directed which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting perinot self-directed, name the institution holding the each asset in the account that exceeds the *not exercised,* to select the specific investments), ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or Identify (a) each asset held for investment or pro-(i.e., plans in which you have the power, even if Þ

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Government retirement programs. cial interest in or income derived from U.S. less in personal savings accounts; and any finanparent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$50,001 -

\$250,001

NONE

RENT

WIENEGT

CAPITAL GAINS

\$1,001 - \$15,000

\$15.001 **- \$**50.000

\$100,000

\$1,000,001 - \$5,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/MEMO TRUST

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Examples

Simon & Schuster

Indefinite

1st Bank of Paducah, KY Accounts

Balances

Mega Corp. Stock

Value of Asset **BLOCK B**

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it generated income, the value should be If an asset was sold during the reporting "None."

Type of Income

BLOCK C

vested, should be listed as ii Dividends and interest, even ate any income during calenda Check "None" if asset did not ing the appropriate box indicate the type of income by all other assets including all Check all columns that app investments, you may write "N not allow you to choose retirement plans or accounts

BLOCK D

Transaction

ome			₹	ŏ	5	<u>c</u>	₹ 1	Amount of Income	ne e			Transaction
at apply. For bounts that do	For retirement pl	allo allo	retirement plans allow you to cho	2 5			S A C	ccounts specific	ii s	or accounts that do	우 응	asset had
ose specific rite "NA." For	ments, For all		other		set V	write ets, <i>in</i>	Cludi	Q ₽,	ng of in	nay write "NA" for income. assets, <i>including all IRAs</i> ,	6 0	purchases (P),
ing all IRAs,	indicate checking	ndicate	_		3 2	category	ž. 🗸	ᅙᅑ	income		Ş Q	sales (S), or
box below.	Dividends	e c	S.	and	= 2) S	o	, 5° 5°.	rein-	₹ ₹	exchanges (E)
d as income.	Vested, shou Check "None"	∕ested, Check "	ŽΥ	should None" if		be listed no income	listed ncome		∞ =	income. s earned	₽.₹	exceeding
did not gener-	or generated	ene	rate	Ä.					8	3		\$1,000 in
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com	_	*	=	\$	<	\$	≦	-	×	*	×	portion of an
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ome (-274 T3	;								as follows:
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ship	3.7		777.77			((10%) 30%				See below for
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Type of Incon		100 20121 5127 115 5 5 5 5 5	\$1,000	- \$2,500	- \$5,000	- \$18,000	1 – \$50,000	1-\$160.660	01 – \$1,000,0	301 - 1 5,00	5,000,000	m ŵ .o
l	None		distance of the series		\$2,50	85.60	\$15,0	\$50.0	\$100,	\$1,00	Over	
	\$ (G)		- C									S (partial)
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Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME 8 SP Asset and/or Income Source America lletionst BLOCK A ➣ None Œ \$1 - \$1,000 O \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset m ភ ១ \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 \$250,001 - \$500,000 500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 حـ ス \$25,000,001 - \$50,000,000 • Over \$50,000,000 NONE EN PERON RENT INTEREST of Income BLOCK C **CAPITAL GAINS** Type EXCEPTED/BLIND TRUST Name Other Type of Income (Specify) None \$1 - \$200 Amount of Income \$201 - \$1,000 61,001 - 82,500 \$2,501 - \$5,000 BLOCK D \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 -\$5,000,000 × Over \$5,000,000 Page. Transaction BLOCK E шωъ 9

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SCHEDULE IV— TRANSACTIONS

															SP Example: Mega Coporation Common Stock (partial sale)	JT	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange trans-
) (A) (A														2 K 1870 8	PURCHASE	of T
															×		SALE	Type Transaction
		9.30 1949															EXCHINA	ction
																	Check Box if Cap Gain Exceeded \$	oital 200
															10-12-09		Quarterly, Monthly, or Bi-weekly, if applicable	Date
																	\$1,001- \$15,000	``
747 (442)			**************************************	3		523336	And delighed	88 08 80		1 X 8 3 1 A 2 3 3				880°°°	×	85 77	400,000	2
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SCHEDULE V- LIABILITIES

Name Buren P. Hill

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business, in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

3				<u>ှိ</u>		Amount of Liability	G H	T I	
ㅋ <u>,</u>	Creditor	Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,601 \$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 \$25,000,000 \$6,000,000 Over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.			×				
					ATX S				

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note:
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Note: The gift rule (House Rule 25, clause 5) prohibits acceptance
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Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Evamolas:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Examples.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	Y	Y	2 Days
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SCHEDULE VIII—POSITIONS

Name Bardy P. Hill

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); 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 political parties and campaign organi-

Position	Name of Organization
Director	Sycamore Land Trust

SCHEDULE IX—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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

_	_			_
Date			_	
Parties To				
Terms of Agreement				