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 dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Id have any reportable rting period?	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.	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.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? 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 If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE	Type Annual (May 16, 2011) Amendment	Status Member of the U.S. State: MAX Off Status House of Representatives District: 03 En		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
, transactions, or liabilities of a spouse or dependent clited with the Committee on Ethics.	cs and certain other "excepted trusts" need not be disci	- ANSWER EACH	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	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.	IESE QUESTIONS	Termination Date:	Officer or Employing Office: Employee	Daytime Telephone: בסב בכג פאדון	Form A For use by Members, officers, and employees
child because Yes No X	closed. Have you Yes No 🗙	OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response.	arrangement with Yes No X	r before the date Yes No X	receive any the reporting Yes No X	receive any regating more Yes No 🔀		30 days late.	A \$200 penalty shall be assessed	THAND DELIVEREDMC. (Office Use Only)	LEGISLATIVE RESOURCE CERPS ? of 6

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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.

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Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Independent School Osstruct 273	Spouse sclery	てみ
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		7			<u> </u>	┢	DC, E	σ,	value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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.	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 accounts which are not self-directed, provide only the plans have been selected to the exercise of the selected provide only the plans in the provide only the plans in the provide only the plans in t
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X	*	>>	*	×			× .	S	\$1-\$200	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 reliwested, must be disclosed as income. Check "None" if no income was earned or generated.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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

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SCHEDULE IV— TRANSACTIONS

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