## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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 (include date of receipt for honoraria)  XYZ Corporation, Houston, TX  First Bank & Trust, Houston, TX  XYZ Trade Association, Chicago, IL (Rec'd December 2)  Harris County, Texas Public Schools  THE ROWZER COMPANY  RYC BISTRIBUTORS, LLC  NC GENERAL ASSEMBLY	Salary Director's Fee Honorarium Spouse Salary GROSS TREY. GROSS SALES EARNINGS	Amount Current Year to Filing \$6,300 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$	unt Preceding Year \$28,450 \$3,200 \$1,000 NA  \$41,375 \$1,078 52 \$39,401 \$39,401
NC GENERAL ASSEMBLY	EARNINGS	\$25,418 7	\$39,401

#### DC, Examples: ş please refer to the instruction booklet the optional column on the far left. income source is that of your spouse (SP) or depend-If you so choose, you may indicate that an asset or For a detailed discussion of Schedule II requirements ent child (DC) or is jointly held with your spouse (JT), in the Thrift Savings Plan. derived from, a federal retirement program, including accounts; and any financial interest in, or income ing \$5,000 or less in personal checking or savings Exclude: Your personal residence, including second income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental location in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business provide a complete address. For rental or other real property held for investment, For retirement accounts which are not self-directed in the account that exceeds the reporting thresholds citic investments), provide the value for each asset held For all IRAs and other retirement plans (such as 401(k) (do not use ticker symbols). of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production ness, the nature of its activities, and its geographic account and its value at the end of the reporting period. provide only the name of the institution holding the have the power, even if not exercised, to select the speplans) that are self-directed (i.e., plans in which you Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) FUNDAMENTAL イング・ · Amer. muruar 7. 177 Asset and/or Income Source ろからとして AMER. SP Mega Corp. Stock - NCOME アメスク NVRSTORS INC . BLAK Simon & Schuster 1st Bank of Paducah, KY accounts A ROW TI BLOCK A FUNDS CHOIK カシスプ any other None ⋗ If an asset was sold during the of reporting year. If you use a "None." only because it generated reporting year and is included method used market value, please specify the valuation method other than fair income, the value should be Indicate value of asset at close 8 \$1 - \$1,000 \$1,001 - \$15,000 C Indefinite マメ ス $\overline{\mathbf{x}}$ Value of Asset \$15,001 - \$50,000 O メ × \$50,001 - \$100,000 m BLOCK B m \$100,001 - \$250,000 \$250,001 - \$500,000 D I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ے ス \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE as income. Check "None" ments or that generate tax-deferred income (such as 401(k) the reporting period asset generated no income during if reinvested, must be disclosed interest, and capital gains, even "Tax-Deferred" column. Dividends, plans or IRAs), you may check the allow you to choose specific invest-Check all columns that apply. For retirement accounts that do not DIVIDENDS × RENT Type of Income INTEREST CAPITAL GAINS BLOCK C **EXCEPTED/BLIND TRUST** × X TAX-DEFERRED × Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) ス ᆽ ۴ メ None \_ \$1 - \$200 = \$201 - \$1,000 ≡ Current Year 7 \$1,001 - \$2,500 × and capital gains, even if reinvested, must appropriate box below. Dividends, interest, Deferred" in Block C, income was earned or generated be disclosed as income. Check "None" if no the category of income by checking the "None" column. For all other assets, indicate For assets for which you checked $\times$ \$2,501 - \$5,000 < XI VII VIII IX \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D Over \$5,000,000 × メ メ × メ None \_ you may check the \$1 - \$200 = \$201 - \$1,000 ≡ Preceding Year ₹ \$1,001 - \$2,500 \$2,501 - \$5,000 < $\times$ ≤ \$5,001 - \$15,000 <u>≦</u> \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 ₹ \$1,000,001 - \$5,000,000 × Over \$5,000,000 ≚

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID ROUZE IZ

Page 4 of 7

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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#### SCHEDULE III — LIABILITIES

Name DAVID ROUZER

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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. 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

				SP, DC, JT
TIKES CITY CON DAYS		ANC WORTGACE	Example: First Bank of Wilmington, DE	Creditor
2008		HAR.	May 1998	Date Liability Incurred mo/year
WESTYIEW LN., RAL, NC	COL NO LIGHTS SO BNIT	AN 'HOIBTY' 'NY MBIN'	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

**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 honorary nature.

and positions solely of an inollorary nature.	ature:
Position	Name of Organization
President / Owner	THE BOUZER COMPANY
MANAGER	RAC DISTRIBUTORS, LLC Cobra cason, xxc, 4 500 Functioner, 1000,
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CONSULTANT	DENKINS HILL CONSULTING & Broadway, Japan USA, & Kingmaker
CONSULTANT	GREEN TECH SOLUTIONS GROUP, XXE.

### SCHEDULE V — AGREEMENTS

Name DANID ROUZER

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1 :	efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; of	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employi	
		or current employer other than the U.S	ement or arrangement with respect to	
		<ol><li>Government; or continuing participation in an employee welfare or ben-</li></ol>	b: future employment; a leave of absence during the period of government	
		employee welfare or ben-	the period of government	

Date	Date Parties To	Terms of Agreement
	None	

# 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
JENKINS HILL CONSULTING, FEC	Consulting surious provided for
	Shuman's 1400 Brown way XTD, Japan
~	USA + Kingmodus Manheting
	(Tobasso Companies)

GPO: 2012 72-584 (mac)