\$	child because Yes	ssactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	y" income, tran. irst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
No.	d trusts" need not Yes	s of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standards	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?
S	SWER EACH OF THESE QUESTIONS	- AN	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
I the onse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part rappropriate schedule attache	No	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.
\$	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	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.
No.	or before the date Yes	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.	S _S	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.
∑ S	d receive any in the reporting Yes	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.	Ş ⊠	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.
No.	regating more Yes	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.	No U	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 QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed lles more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Status Member of the U.S. State: HK House of Representatives District: Amendment Type Annual (May 17, 2010) Amendment
	2011 FEB -9 PH 3: 34 OFFICE OF THE CLESS OF	Daytime Telephone:Sの1-フ24-S66よ	Daytime 1	Name: Vic Snyder
Page 1 of 7	FEB = 1 201	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
)				

Name	
Vic	<u>-</u>
Snyder	
Page_	_

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.

							called "Stening on Cheening	Arkanser Democrat - Grante - Spanse blog		Examples: State of Maryland	Keene State	Source	
		:						Spouse labore	Spouse Salary	Legislative Pension Shouse Sheech	Approved Teaching Fee	Туре	
					5 5 5 5	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	NA.	NA	\$9,000	\$6,000	Amount	

	Name
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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC Examples: XXX Magazine	Speech	Feb. 2, 2009 Aug. 13, 2009	\$2,000 \$500
1 DMC			

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u Kiguid Asse	DWS Latin Ame, Equity	Vary. Admid Travettown Miss	Vang-Tot. Show Trades (TRA)	Vanguard Total Stack Indy Adm	Janus Venture	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	reporting threshold. For retirement plans that are reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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). BLOCK B Value of Asset Value of Asset Indicate value of asset at closs reporting year. If you use a valua reporting the 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 year.
Ŧ		7	-						None >	÷9≤= ₽∃&=
3		3					<u> </u>		\$1 - \$1,000 ⁰⁰	Indicate reporting method please so If an ass year an generate "None."
44	12	*	ta	X	- t	1	Indefinite		\$1,001 - \$15,000	Indicate verporting method or please spelf an asset year and generated "None."
	,	- 1	-		-		ŧ		\$15,001 \$50,000	et w
	_	(7)		w	S	T		×	\$50,001 - \$100,000 m	lue lue lue lue la
3	<u>_</u>	02	J	-	04	×			\$100,001 - \$250,000	BLOCK B ue of As of ass if you than fair than fair the meth sold durin cluded c me, the v
W	0	A	О С	a	C	1			\$250,001 – \$500,000 ග	the dument as the
P	-	4	5	7					\$600,001 - \$1,000,000	BLOCK B Value of Asset alue of asset a ear. If you use are than fair macify the method unity the moduring the sincluded only income, the value
7	7	D	4	526	40	1			\$1,000,001 - \$5,000,000 -	BLOCK B 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."
				1	1				\$6,090,001 - \$25,000,000	close valuat ket val ed. report report should should
									\$25,000,001 - \$50,000,000	l luat vall
									Over \$50,000,000	be a ling ue, of
X					\times				NONE	20 -
	又	X	X	X				×	DIVIDENDS	Chec retire not a ling indicating of a ling of
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				<u> </u>					INTEREST	Typ If plants, ass. he to he
	$\overline{\times}$				1	1		×	CAPITAL GAINS	ne d
									EXCEPTED/BLIND TRUST	BLOCK C Type of Inco Check all columns the retirement plans or aco not allow you to cho investments, you may wall other assets Includindicate the type of inco ing the appropriate Dividends and Interest vested, should be liste Check "None" if asset cate any income during c
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even it reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
									None –	1
		X	X						\$1 - \$200 =	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
	\angle			\times					\$201 - \$1,000 =	A litren ow you other nads
								×	\$1,001 - \$2,500 <	mo nent you u m he er a the the the ed.
									\$2,501 - \$5,000 <	If n ay we want
						×			\$5,001 - \$15,000 ≤	BLOCK D unt of In plans or a to choose ty write "N seets, inchested propriets of the lister of the l
									\$15,001 − \$50,000 <u>≤</u>	BLOCK D ount of Inco it plans or account to choose spenay write "NA" assets, including category of a category of a category of a category and interest, evuld be listed a si if no income versity.
			<u> </u>		1				\$15,001 – \$50,000 ≦ \$50,001 – \$100,000 ≦	BLOCK D Amount of Income ament plans or accounts v you to choose specific you may write "NA" for if ther assets, including a the category of incount the category of incount the appropriate box is and interest, even the appropriate box is should be listed as in None" if no income was ated.
				<u> </u>	ļ		×		\$100,001 - \$1,000,000 \$	iffic into the standard into t
				1		L			\$1,000,001 - \$5,000,000 ×	Dme Dunts that do ecific invest- for income. ing all IRAs, income by box below. ven if rein- as income. was earned
						L			Over \$5,000,000 ≚	ed e 7 % 5 5 5 6
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

2 Continuation Sheet (if needed) SP O MINITE SP & CHANNA METHOD & 95 8 SP Ξ Wells hip & Ark. Dismin Dreytus/Bostuc Sml Asset and/or Income Source SCW Links COUSE'S tenin Dica Ketward Jecrain For lethe dut **BLOCK A** (real Alivery) Keti Remai from les MASTER TACE. アイ・シャン・ナナ 3114) \triangleright None 0 \$1 -- \$1,000 C \$1,001 - \$15,000 0 \$15,001 - \$50,000 SK 063 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE XX **DIVIDENDS** RENT XXX INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify) None X = \$1 - \$200 Amount of Income = \$201 - \$1,000 7 \$1,001 -- \$2,500 < BLOCK D \$2,501 - \$5,000 VI VII VIII IX \$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 Transaction BLOCK E சுல்ற

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SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, Type

Heport any purchase, sale, or exchange transactions by you, your spouse,	ì	ype	:		,			•	•			:			
erty held for investment that exceeded \$1,000. Include transactions that	of Iransaction	nsac	non)	Date			Amo	Amount	9	Iransaction	acu	 S	_	
resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates.	E		E	f Capital ded \$200	(MO/DAY/YR)	•	ი	<u> </u>	П	711	េច	x	_ _ _	د.	
cate (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	PURCHA	SALE	EXCHAN	heck Box iain Excee	Monthly, or Bi-weekly, if applicable	,001- 5,000	5,001- 0,000	0,001- 00,000	00,001- 50,000	50,001- 00,000	,000,001 ,000,000	,000,001- ,000,000	,000,001- 5,000,000	5,000,00 1 0,000,00 0	ver 60,000,000
P, DC, JT Asset										_			\downarrow	_	
Example: Mega Copora		×			10-12-09		×								
Jane Ventur	X				# 100 th	×	***************************************					ì			
Anvisio Europea Print	X				PC inches	X	M					•			
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֓֞֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֓֓֓֓֜֜֜֜֜֜֓֓֓֓	J	
֓֞֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֓֓֓֓֓֓֜֜֜֜֜֓֓֓֓֓֡֓֜֜֜֜֜֓֡֓֜֜֜֜֜֡֓֡֓֡֓֡֓֡֓֜֜֜֡֓֡֓֡֓֡֓֡֓֡֡֓֡		

Name Vic Smyder

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

			SP, DC, JT	
		Example: First Bank of Wilmington, Delaware	Creditor	
		Mortgage on 123 Main St., Dover, Del.	Type of Liability	
			\$10,001- \$15,000	
			\$15,001- \$50,000 O	
			\$50,001- \$100,000	
	- 	×	\$100,001- \$250,000 ITI	Amou
			\$250,001- \$500,000 71 \$500,001-	int of
		-	\$1,000,001	Amount of Liability
			\$5,000,000 = \$5,000,001-	₹
<i>x</i>			\$25,000,000 \$25,000,001 -	
κ,			Over \$50,000,000 \(\sigma\)	

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: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	Source	Description	Value
	Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
	None		
·			

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 or were paid by you and reimbursed 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.

Date(s)	City of Departure—Destination— City of Return		Food? (Y/N)		Number of days not at sponsor's expense
Mar. 2	DC—Chicago—DC	z	z	Z	None
Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
			:		
,		_			
	Mar. 2 Aug. 6–11	City of Departure—Destination—City of Return DC—Chicago—DC DC—Los Angeles—Cleveland	City of Departure—Destination— (YN) DC—Chicago—DC DC—Los Angeles—Cleveland Y	City of Departure—Destination— City of Return (Y/N) (Y/N) DC—Chicago—DC N N DC—Los Angeles—Cleveland Y Y Y	City of Departure — Destination — Lodging? Food? Was a Family (Y/N) DC—Chicago—DC

CHEDULE VI	CHEDULE VIII—POSITIONS	o	Name Vic Styder Page - for - 2
Report all position proprietor, represinganization, or a	ns, compensated or entative, employee, ny educational or ot	Report all positions, compensated or uncompensated, held during the current calendar year as an proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other busin or ganization, or any educational or other institution other than the United States.	Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.
Exclude: Position ations); and posi	Exclude: Positions listed on Schedule I; positions hature.	e l; positions held in any religious, social, frate onorary nature.	Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi- rations); and positions solely of an honorary nature.
Position	tion		Name of Organization
	,		
	0nc		
-			
CHEDULE IX	CHEDULE IX—AGREEMENTS	ITS	
entify the date, povernment servicenployee welfare	arties to, and gener e; continuation or d or benefit plan main	lentify the date, parties to, and general terms of any agreement or arrangement with respect to: future overnment service; continuation or deferral of payments by a former or current employer other than mployee welfare or benefit plan maintained by a former employer; or publication of a book.	h respect to: future employment; a leave of absence during the period of mployer other than the U.S. Government; continuing participation in an a book.
Date	į	Parties To	Terms of Agreement
) \		
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