# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response

**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 a dependent child? Yes **ĕ**s s K <u>₹</u>

### 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.

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Composite data of receipt for become		Amount	unt
Source (include date of receipt for nonoralia)	- year	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
T	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	N
CAMERON REGIONAL MEDICAL CENTER	SALARY	* 48,675	148,485
OREEN HILLS COMMUNITY ACTION AGENCY	MEDICAL CONSULTANT	2,000	4,800
HILLCREST NURSING HOME, HAMILTON, MO.	MEDICAL DIRECTOR	5,000	12,000
	2000		

Haitson Internitional	Hortford Capital Apprication	Hartson Start HLS	Hartford Tudex His	403 B tord general Acet	50 ELCA 600 balancoal fund Littleran Bounday Pensions		Examples:	SP SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless 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 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.	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	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, provide only the name of the institution holding the
*	*	×	*	×.	Χ	×		×	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 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		A B C D E T G H - J K L	ock B  of Asset f asset at close r. If you use a d other than fair ease specify the sold during the sold during the and is included generated Je should be
						×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income of	r Farm Incom	ə)	BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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	7	*	× ×	×		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000  None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		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)

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THEODORE HARCLD RIGHTS

			HAMILTON BANK Itemiles	7.83	NATIONWIDE LIFE	THRIVENT FOR WITHERANS	MORTHWESTERN MUTUAL	NORTHWESTERN MUTUAL	NORTHWESTERN MHTUPL	whole LIFE Policies	Asset and/or income Source	BLOCK A
			*	X	X	*	×	X	*	None	Value of Asset	вгоск в
					*	*	х.	*	*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income	BLOCK C
					×	*	*	*	K	None	Amount of Income	ВГОСК D
		•								\$1 - \$200 =  \$201 - \$1,000 \( \equiv \) \$1,001 - \$2,500 \( \equiv \) \$2,501 - \$5,000 \( \equiv \) \$5,001 - \$15,000 \( \equiv \) \$50,001 - \$100,000 \( \equiv \) \$100,001 - \$1,000,000 \( \equiv \) \$1,000,001 - \$5,000,000 \( \equiv \) Over \$5,000,000 \( \equiv \)	come	- :

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#### SCHEDULE III — LIABILITIES

Name TELECOCKE HAROLD RIGHTS, Page

Page \_\_\_\_ of \_\_

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sib-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.

Creditor  Example: First Bank of Wilmington, DE	
Creditor	
Liability Incurred mo/year	
Type of Liability  Mortgage on 123 Main Street, Dover, DE	
\$10,001~ \$15,000	
\$15,001— \$50,000	
\$50,001— \$100,000	
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#### SCHEDULE IV — POSITIONS

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 officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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 inchorary fraction.	ature.
Position	Name of Organization
OBNSULTANT	GREENHILLS COMMUNITY ACTION AGENCY
MEDICAL DIRECTOR	HILLCREST NURSING HOME, HAMILTON, MISSOURL

#### SCHEDULE V — AGREEMENTS

Name THEODOTTE HARCLD RIGHTS Page \_\_ of

Identi: / 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; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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Date	Parties To	Terms of Agreement
19 1 2 Forth	Hartfard 403B	Plan continues per agreement with

## 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 1.

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	Source (Name and Address)	Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services