Yes No 🔀		sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct	" income, trans	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.
es No X	trusts" need not Yes	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards ng you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent chill
STIONS	IF THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	№	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.
Yes No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S	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.
Yes No		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.	No	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.
Yes No		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.	X §	II. Did any individual or organization make a donation to charity in fleu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No 🔀		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.	S S	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 Yes
		OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH
aganist anyone who mes more train 30 days late.	30 days late.	Termination Date:		Report Annual (May 15) Amendment
A \$200 penalty shall be assessed	A \$200 penalty s	r Employing Office:	Officer or Employee	Filer Member of the U.S. State: OH Status House of Representatives District: Ø2
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AM 11: 56	2009 MAY 20 AM III: 56	Daytime Telephone: 20ス・2スS・3)しゅく	Daytime T	Name: REP, JEHONETTE H. SCHILDT
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MAY 1 3 2009	MC MAY	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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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
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
CITI SHITH BYZNEY	STOUSE SOLARLY	てみ
		The state of the s

For payments to charity in lieu of honoraria, use Schedule II.

L	אוווה בסבמני לאיטוו לשבאה	ST LEGO THADIN (COMMON)	K		JT SHITH SHOWER BANK YELDSIT	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, Sp Mega Corp. Stock	provide the value and moome information on each asset in the account that exceeds the 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 remail 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; 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).
	×				×	×	Indefinite	×	None	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."
	×	*		×	W	×	Royatties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 if reinvested, should be listed as income. Check "None" If asset did not generate any income during calendar year.
	× ,	×		*	×			X	None	
						×	×		\$1,001 - \$2,500	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, <i>including all IRAs</i> , 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.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME 4 1/0 X 1 X Sp ဌ Ŗ MOTHER CITY BONK (KENNER) OF THE PROPERTY DEFERENCE STONE OF CHIPSON A 10H & SHOW CHIEROUP SON ROCHE MITH YOURSE YOUNG THINK SAN THE BIREST NECESSARY TON FACE NUTIONOL SIANE (HILLERSO OHO VBIC SHRDYEE RET LAN - F FOND 16 FUND THEIR YOUNGS - Duster , Cox - WELLOWING からいか Asset and/or Income Source できるとう さいない C FUND SUND かしてい BANK (HILFORD OH BLOCK A MO OZETILL LARGE GAP FORD WIL TWO 200 STATE MY 5 ≻ None Œ \$1 - \$1,000 × × × X X. × X X X O \$1,001 - \$15,000 × X メメ Ū \$15,001 - \$50,000 Value of Asset 4 ш × \$50,001 - \$100,000 Year-End BLOCK B Ŧ \$100,001 - \$250,000 Ø \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ت \$5,000,001 - \$25,000,000 $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE XX * DIVIDENDS RENT X XXXX INTEREST of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Name REP JEAN SCHMIDT Other Type of Income (Specify) None X × × = × × \$1 - \$200 = | Amount of Income X \$201 - \$1,000 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 XI 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 Page H of G Transaction 40 4) 10 BLOCKE ரைல் ம ŧ.

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United States House of Representatives Financial Disclosure Statement for Calendar Year 2008

Jeannette H. Schmidt

Listing of real estate assets held by various family partnerships and jointly with siblings. Jean Schmidt owns 25% of all of the partnerships listed below.

(1) OT Realty Enterprises LLC

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land leased to Walgreen Pharmacy

Value of percentage owned - \$250,000 - \$500,000

Net Income for percentage owned for 2008 - \$15,000 - \$50,000 (rent)

(2) OT Realty Enterprises LLC II

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land leased to Kroger

Value of percentage owned - \$250,000 - \$500,000

Net Income for percentage owned for 2008 - \$15,000 - \$50,000 (rent)

(3) OT Realty Enterprises LLC III

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land to be developed in the future

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2008 – zero

(4) Jennifer Black Et All

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land adjacent to OT Realty Enterprises LLC II

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2008 - \$1,000 - \$2,500 (rent)

(5) Gus Hoffman Second Family Limited Partnership

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Farm Land

Value of percentage owned - \$500,000 - \$1,000,000

Net Income for percentage owned for 2008 - \$2,500 - \$5,000 (farm crops)

JEANNETTE H. SCHMIDT

(6) RTJJ LLC

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Farm Land

Value of percentage owned - \$1,000,000 - \$5,000,000

Net Income for percentage owned for 2008 - \$2,500 - \$5,000 (farm crops)

(7) RTJJ LLC

Percentage owned: 25%

Moore Rd. & Bantam Rd., Clermont County OH

Vacant property

Value of percentage owned - \$50,000 - \$100,000

Net income for percentage owned for 2008 - zero

(8) RTJJ LLC

Percentage owned: 25%

1232 SR 28, Milford, OH 45150

Commercial Rental Property

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2008 - \$2,500 - \$5,000 (rent)

(9) RTJJ LLC

Percentage owned: 25%

1236 SR 28, Milford, OH 45150 (SR 28 & Floyd Place)

Residential Rental Property (3 small homes & vacant lots)

Value of percentage owned - \$100,000 - \$250,000

Net Income for percentage owned for 2008 - \$2,500 - \$5,000

(10)RTJJ LLC

Percentage owned: 25%

SR 132 & Judd Rd.

Vacant Land

Value of percentage owned: \$15,000 - \$50,000 Net Income for percentage owned for 2008 - zero

SCHEDULE IV— TRANSACTIONS

Name RER JEAN SCHMIDT

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SCHEDULE IV— TRANSACTIONS

Name REP JEAN SCHMIDT

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SCHEDULE IV— TRANSACTIONS

Name PEP JEAN Page Z of 9

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Page 8 of

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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. **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	N/A) ¿Buįброт	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Examples. Roycroft Corporation	Aug. 611	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
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Page 4 of 9

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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

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Position	Name of Organization
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SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

on project series		
Date	Parties To	Terms of Agreement