Name:

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Report Type

Filer Status

onse.	Yes" respo	appropriate schedule attached for each "Yes" response.	<u>₹</u>	Yes	
5	orod and	Each dues	]	]	V. Did you, your spouse, or a dependent child have any reportable
					If yes, complete and attach Schedule IV.
₹	Tes		7	Cas	\$1,000 during the reporting period?
			5		or exchange any reportable asset in a transaction exceeding
		IX Did you have any reportable agreement or arrangement with			IV Did you your spouse or a dependent child nurchase sell
	!				If yes, complete and attach Schedule III.
<u> </u>	Ľ	If yes, complete and attach Schedule VIII.			reportable asset worth more than \$1,000 at the end of the period?
<u>S</u>	YPR	of filing in the current calendar year?	2	Yes \	income of more than \$200 in the reporting period or hold any
		VIII. Did you hold any reportable positions on or before the date			III. Did you, your spouse, or a dependent child receive "unearned"
		If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.
₹ <b>\</b>	G		<u> </u>	9	reporting period?
			<u></u>	<u>چ</u>	lieu of paying you for a speech, appearance, or article in the
		VII. Did you, your spouse, or a dependent child receive any			II. Did any individual or organization make a donation to charity in
		If yes, complete and attach Schedule VI.			
<u> </u>	g	than \$335 and not otherwise exempt)?	Č	7	If yes, complete and attach Schedule I.
		reportable gift in the reporting period (i.e., aggregating more	]		fees) of \$200 or more from any source in the reporting period?
		VI. Did you, your spouse, or a dependent child receive any			I. Did you or your spouse have "earned" income (e.g., salaries or

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

**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?

Yes

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Yes

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**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.

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İ	Barton			

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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	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary
JPS Health Network	Spouse Solary

EOG Resources, Houston, TX - Natural has Royalty	Walmart	SBC Corp.	Enris Business Forms	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its 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 (unless 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.	BLOCK A  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 retirements which are not account that exceeds the reporting thresholds.
*	*	<b>X</b>	X	X	<del>} }</del>	×	None   \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$50,001 - \$100,000   \$100,001 - \$250,000   \$250,001 - \$1,000,000   \$500,001 - \$1,000,000   \$1,000,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$50,000,000   \$5,000,001 - \$50,000,000   \$7	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."
Royalty	×	×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. 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. 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	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       ≤         \$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       ∑	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.
						S (partial)	ff only a 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), or sales (S), or exchanges (E) exceeding \$1,000 in reporting year.