## 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.

						Sau Autonio biohosics	M. Gall Interpational Medical BorneTX	Harris County, Texas Public Schools	_	Examples: First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Control (include date of tocopt of troloratia)	Source (include date of receipt for honoraria)
						Tue	Fuk	Spouse Salary	Honorarium	Director's Fee	Salary		Type
						18318	80 7/8	NA	0	\$400	\$6,300	Current Year to Filing	Amount
				9 9 9				NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt

San Pater io Bidasia	H'(-1174)	73/a/jta/	Scotherica	Frontbunk		Examples:	SP SP Mega Corp. Stock	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 ( <i>unless</i> 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 II requirements, please refer to the instruction booklet.	For rental or other real property held for investment, provide a complete address.	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 FRAs 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 account and its value at the end of the reporting period.	dentify (a) each asset held for investment or production	BLOCK A
×	*	~	*	*	×	Indefinite	×	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 - \$50,000,000 \$25,000,001 - \$50,000,000		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."	Ö	BLOCK B
S. W.	Safe Confloyer	×	*	×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)	allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" 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.	Check all columns that apply. For	BLOCK C
	<b>L</b>	×	~			X	× ×	None	Current Year Preceding Ye	Deferred" in Block C, you re "None" column. For all other at the category of income by appropriate box below. Dividing and capital gains, even if report be disclosed as income. Che income was earned or generations.	For assets	Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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#### SCHEDULE III — LIABILITIES

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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.

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				SP, DC, JT
		Fidolity bank KS	Example: First Bank of Wilmington, DE	Creditor
		2001	May 1998	Date Liability Incurred mo/year
' 7×	Shook Ave Southrouis	Marisage (025/1027	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001 \$15,000
				\$15,001— <b>w</b> \$50,000
		<b>*</b>	×	\$100,000
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				\$25,000,001— \$50,000,000
				Over \$50,000,000

#### 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, 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.

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

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Surface Shielding &	Ownok
	Margins Partie
San Anthie Biolosics	Owner
Micall Interactional Medical	Owner
Name of Organization	Position

### **SCHEDULE V — AGREEMENTS**

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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; or continuing participation in	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence du
	or continuing participation in an employee welfare or ben-	yment; a leave of absence during the period of government

Date	Parties To
	•

# 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
Evolution Madical Technologioshle	SMIES
Maticuis Footcate	54/05

GPO: 2012

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