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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joyce Beatty

Page 2016

•					Geathy Heal Estate	State of Ohio tiplic Retirement	Otho Beatly Law Offices		Hyd Asoci	The Ohio State University	Harris County, Texas Public Schools	Examples: First Dain of Hospital Line (1994)	XYZ Corporation, Houston, TX		Source (include date of receipt for honoraria)	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.
			·	,	Spouse Julary	Spouse Saley	Spanse Salan	j	Salary	Salary	Spouse Salary	Honorarium	Salary		Type	than the filer's current employme amount of any honoraria; list ont rement programs, and benefits re
					Nχ	NA	NA		12,000	326,578.94	NA	0	\$6,300	Current Year to Filing	λπλ	ent by the U.S. Governme y the source for other sp eceived under the Social
•				,	NA	NA	NA	. -	1,000	321, 600.95	×	\$1,000	\$28,450	Preceding Year	Amount	ent) totalling \$200 or puse earned income Security Act.

JP Murgan Chuse (Savings)	Nuwer For PFD	Chio Creat Union	(JPMorgan Chade)	Fight Third (Saving)	US Saving Bonds	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP. SP Mega Corp. Stock	For an ownership interest in a privately-ned obsiness 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 III requirements, please refer to the instruction booklet.	provide a complete address.	account and its value at the end of the reporting period.	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
×	*	*	×	· ×	*	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000		ABCDEFGHIJKL	Walue of Asset 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."
×	×	×	X	×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	me)		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	× ×	× × ×		X	×	\$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$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 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000		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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Name Jayer Beaty

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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											Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income	C
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SCHEDULE III — LIABILITIES

Name Joyce Beatty

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

	·				SP, DC, JT	
			None	Example: First Bank of Wilmington, DE	Creditor	
			NA	May 1998	Date Liability Incurred mo/year	
			NA	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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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 all floriolary flature.	oriorally hardle.
Position	Name of Organization
30 and of Trustee	e NATIONAL American Heart Apaciahr
Board of Trustee	e Cost
Board of Trusters	CAMPUS PARTNERS
Baard of Truskes	5
Founder Board	102 Y
Board Member	Formerly NOSC now Engement Schotustup Consertium

SCHEDULE V — AGREEMENTS

Name Joyce Beaty

Page Dot B

efit plan maintained by a former employer. 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 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 ben-

			12/22/2011	1/31/2012	Date
			2/22/211 Myself + OPERS	1/31/2012 Myself + The Ohio State University	Parties To
		at a sel 61 amount being accelerated	State of this cetimenant morally beacht	Bonus dollars will provided undertained	Terms of Agreement

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
Already Reported as Jayce Buth after	X.
NOWE	