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Page A of O

### 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  Keene State  State of Maryland	Type Approved Teaching Fee Legislative Pension	Amount \$6,000 \$9,000
	N. P. and Fee	# 12 A 12 B
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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

	-		
Source	Activity	Date	Amount
-	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
M/M			
1 4 / / /			
	11 - Till		

#### Asset and/or Income Source

(i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the Block A. For additional information, of its activities, and its geographic location in which generated more than \$200 in "unearned" income during the year. For rental property or od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value instruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting reporting threshold. For retirement plans that are plans (such as 401(k) plans) that are self directed Identify (a) each asset held for investment or pronot self-directed, name the institution holding the ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use and, provide a complete address. Provide full ≻

#### Value of Asset **BLOCK B**

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting year and is included only because it "None."

Check "None" if asset did not gener-

ate any income during calendar year vested, should be listed as income. Dividends and interest, even if reinindicate the type of income by checkall other assets including all IRAs, ing the appropriate box below.

#### not allow you to choose specific investments, you may write "NA." For Check all columns that apply. For retirement plans or accounts that do Type of Income

checking the appropri-Dividends and interes or generated vested, should be lis-Check "None" if no inco indicate the category For all other assets, inc ments, you may write " not allow you to choose For retirement plans or

Amount of I BLOCK D

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ncome	Transaction
accounts that do	Indicate if the
specific invest-	asset had
'NA" for income. : <i>luding all IRAs</i> ,	purchases (P),
of income by	sales (S), or
st, even if rein-	exchanges (E)
ted as income.	exceeding
	\$1,000 in
	reporting year.

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						JΤ	DC,	SP,		7 g 6
<u></u>		王子	UL Z	00Z	$\overline{\mathbf{x}}$				not self-directed, name the institution noting 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 rental 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; and 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.	each asset in the account that exceeds the reporting threshold. For retirement plans that are
37	Merican Coot	م کن	ō \$	22	ea		Examples:		nt a mt a mt a mt a mt a mt a mt a citi. Fo action A.	ass ass
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Merican Mutual Fund	~	₽	L	T .	3				e porting publicly e nature ation in action in ation in ation in see the see the (unless) you by is child, is child, is child, in U.S. m U.S. an asset (SP) or ), in the	at s
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							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Inc	come)
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Asset and/or Income Source **SIMP** ete: 3/02 Leeman Folly **BLOCK A** 101 Low Ave, LAKEN None \$1 - \$1,000 O \$1,001 - \$15,000 6.001 - \$50,000 Value of Asset m \$100,000 Year-End BLOCK B ଦ ㅈ \$50,000,000 NONE VIVIDENOS RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS** OCEPTED/BLIND TRUST Other Type of Income (Specify) None (**4** \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 **A** \$1,001 - \$2,500 BLOCK D < \$2,501 - \$5,000 < \$5,001 - \$15,000 ≦ <u>=</u> \$50,001 - \$100,000  $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 5 Transaction BLOCKE пσт 0, 10

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SCHEDIII E III

Continuation Sheet (if needed)	ONEA	(if needed)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name Car	borker Griffish	Page 6 of 10
Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Incon	C e e	BLOCK D Amount of Income	BLOCK E Transaction
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DC,		) 00 ,000 0,000		<i>~</i> : \		n "
5		00,000 250,090 500,000 \$5,000 \$25,000 \$50,0	NS	Income	000,000	)
	<b>- \$</b> 15,	1 - \$10 21 - \$2 21 - \$2 21 - \$2 20 - \$	NDS ST L GAI	100	1,000 \$2,500 \$5,000 \$15,00 - \$50,0 - \$100 1 - \$1,0	
	None \$1 - \$1 \$1,001	\$50,001 \$50,001 \$100,00 \$250,00 \$1,000, \$1,000, \$25,000	OVER SE NONE SEVIDE RENT NOTE PRE CAPITA SECEP	Other T	None \$1 - \$20 \$201 - \$ \$3,001 - \$2,501 - \$5,001 - \$15,001 \$100,001	it,000,0 Over \$5,
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NEW Perspective Fund						6.33
Washington Mutual In	No. Pro					Ratio
Copital Income Bilder Fr.	8					Patid
Capital World Significant						Pitrel
	92					
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## SCHEDULE IV- TRANSACTIONS

Name Parker Britsith

							 Fluid partial sale	Capital Eucone by Idea Fund	Weshinson Mutual Tryeston	Income fund of Merich so	Growth Fund of America	Europacific (Shouth Fund sale)	SP, DC, JT  SP Example:   Mega Coporation Common Stock (partial sale)	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	action. Exclude transactions between you, your spouse or dependent chil- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset Is sold, please so indi- cate (i.e., "partial sale"). See example below	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
									1	O'N	<			PURC	IASE	of Tr
							<	1	N X			<	×	SALE		Type Transaction
									al.					EXCHA	NGE	tion
															ox if Capita ceeded \$20	
							(Partrey)	March 14	Mosthly	Quarterly	13/23/10	Quarterly	10–12–09	Bi-weekly, if applicable	(MO/DAY/YR) or Quarterly,	Date
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	L													\$50,000,0	000 🛪	

#### SCHEDULE V- LIABILITIES

Name Parker (Shift)

Page 6 of C

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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

					다. 다.	2	
		First American Baul	Swance L. Carver	Example: First Bank of Wilmington, Delaware	Creditor		
	-	Morthage on: 101 Lowe Ave	Mortgage on farmland Himy 15 Albertwille AL	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	8	
					\$15,001- \$50,000	၁	
					\$50,001- \$100,000	0	
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<u></u>		7.7	[ * ]		\$25,000,001 \$50,000,000	٦	
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#### SCHEDULE VI - GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

, /	( K / / I	NIH		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
				Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$345	Value	

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

a spouse or dependent child that is totally independent of his or her relationship to you. **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 or were paid by you and reimbursed by the sponsor.

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					_				7,000	Examples:	
					-		1		Roycroft Corporation	Chicago Chamber of Commerce	Source
									Aug. 6–11	Mar. 2	Date(s)
74.77				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
									~	z	Lodging? (Y/N)
									Υ	Z	Food? (Y/N)
	9.4.7.2								Υ	Z	Was a Family Member Included? (Y/N)
									2 Days	None	Number of days not at sponsor's expense

#### **SCHEDULE VIII—POSITIONS**

Name Parker Chillith

Page 10 of 10

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,

zations); 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 political parties and campaign organi-

/ \ / /	1 / /		Position	
			Name of Organization	

#### SCHEDULE IX—AGREEMENTS

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

Date	Parties To	Terms of Agreement
	^ / /	
	1 1 1	
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