Yes No No	nt child because	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	irst consulted	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.
Yes No X	ed trusts" need	s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
THESE QUESTIONS	OF THES	MATION — ANSWER EACH OF	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
tion in this part must be answered and the schedule attached for each "Yes" response.	must be a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	No X	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	r arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	<u>₹</u>	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 X	or before the			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	ild receive any in the reportin e)?	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.	₹	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
e Yes No X	ld receive any gregating more	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.	K	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 If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	be Termination Date:	Employee	Status House of Representatives District: 00 Report Annual (May 17, 2010) Amendment
2011 FEB -8 AM 11:44 OFFICE OF THE CLERKY FM 1.S. HOUSE OF ROMORGESTRINGS		elep	Daytime '	Earl Paneray
JAN 3 1 2017 90 1 or 1		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

SCHÉDULE I — EARNED INCOME

Name EARL POMERDY Page 2

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.

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-	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Example	State of Maryland	Legislative Pension	\$9,000
- Charaba	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA NA
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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.

College of the colleg	7		
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
	99 99 99 99 99 99 99 99 99 99 99 99		

BLOCK A

Asset and/or Income Source

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

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portion of an

asset is sold, please indicate

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Government retirement programs. cial interest in or income derived from U.S. ess in personal savings accounts; and any finanparent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless

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 If you so choose, you may indicate that an asset

None

51-51.0b

\$500,000

\$1,000,001 - \$5,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example. See below for as follows:

(S) (partial)

Other Type of Income

\$1,001 - \$15,000

\$50,001 - \$100,000

\$250,001 -

NONE

None

\$1 - \$200

\$201 - \$1,000

\$1.001 - \$2.500

\$2,501 - \$5,000

\$5,001 - \$15,000 \$15,001 - \$50,000 \$60,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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S (partial)

Royalties

DIVIDENCE RENT

MIEREST

CAPITAL GAINS

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Examples.

Mega Corp. Stock

Simon & Schuster

Indefinite

1st Bank of Paducah, KY Accounts

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 으

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

> Type of Income BLOCK C

not allow you to choose specific investments, you may write "NA." For Check all columns that apply. Check "None" if asset did not genervested, should be listed as income Dividends and interest, even if reinretirement plans or accounts that do ate any income during calendar year ing the appropriate box below indicate the type of income by checkall other assets including all IRAs,

or generated Check "None" vested, shou Dividends an checking the indicate the For all other as not allow you ments, you ma

For retirement Amo

			if no income was earned	d interest, even if rein-	category of income by	ssets, including all IRAs,	to choose specific invest-	plans or accounts that do	unt of Income	BLOCK D
If only a	reporting year.	\$1,000 in	exceeding	exchanges (E)	sales (S), or	purchases (P),	asset had	Indicate if the	Transaction	R OCK II

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Continuation Sheet (if needed)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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Asset and/or Income Source									Sun America mutual Funds	For add ta-Cap County ()			Our flowing my had funds	thoused la-cap Gowan CIA		Tweedy blown find Inc	lative fund (Tweelin Brill Fry	Global find/I	1									
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SCHEDULE IV - TRANSACTIONS

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															Mega Coporation Common Stock (partial sale)	1	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below. 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you wour should be a dependent chil-	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
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SCHEDULE V- LIABILITIES

Name EARL DONEROY

Page 7 of

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

Creditor Type of Liability	Creditor Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del.	Creditor Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del.	Creditor Type of Liability Graditor Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del.	Creditor Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del.	Creditor Type of Liability Type of Liability First Bank of Wilmington, Delaware Mortgage on 123 Main St., Dover, Del. Amount of Liability Type of Liability S15,001- \$50,000 FR GG \$15,001- \$50,000 S100,001- \$1,000,000 S100,000- \$1,000,000 S100,000- \$1,000,000 S100,000- \$1,000,000 S100,000- \$1,000,00	Creditor Type of Liability E F G \$15,001- \$15,000- \$10,000- \$1,000,000-
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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.

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

Name
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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

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	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
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SCHEDULE VIII—POSITIONS

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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,

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-

Position	Name of Organization

SCHEDULE IX—AGREEMENTS

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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book

Date Parties To	Terms of Agreement