SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
4
Iras
Brow
مارد
12

Page 2 of

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 nay (such as National Guard or Beserve nay) federal retirement programs, and honoritic received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and I	tirement programs, and benefits re	benefits received under the Social Security Act.	Security Act.
Solution (include date of receipt for honoraria)	Type	Amount	unt
Cource (Molume date of Teverby to Trolloralia)	1 900	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of California	Salary	32,000	44.48

Franklin CA ITERM TERM	Ranklin Cot low five fund	Cambia/SmallCaptur	Actisan Intl Value Find	American Growth Furd	Amer funds Washington	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	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 (unless there was rental income during the reporting period); any deposits totaling the reporting period); any deposits totaling the reporting period); any deposits totaling the reporting the reporting period); any deposits totaling the reporting period); any deposits totaling 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.	For rental or other real property held for investment, provide a complete address.	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 account and its value at the end of the reporting period.
×	×	×	×	*	*	×	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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	7 2 2 -	BLOCK B Value of Asset ndicate value of asset at close of reporting year. If you use a aluation method other than fair narket value, please specify the nethod used. an asset was sold during the eporting year and is included only because it generated ncome, the value should be None."
7	75	×	X	*	×.	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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	Current Year Preceding Year	Amount of Inco For retirement accounts that d to choose specific investments ate tax-deferred income (such or IRAs), you may check the ' For all other assets, indicate i income by checking the al below. Dividends, interest gains, even if reinvested, closed as Income. Check income was earned or genera

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Julia Brownley

Page 4 of 7

Contin	Continuation Sheet (if needed)			Name JULIGHTOWNIA	Page 4 of T
	BLOCK A	вгоск в	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	income
SP.		A B C D E F G H I J K L		Current Year	Preceding Year
8 기		000 0000 0,000 0,000 000,000 000,000 5,000,000	ND TRUST	0 <u>≦</u> ,000 ⋝	
Ċ		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,00 \$100,001 - \$250,00 \$250,001 - \$500,00 \$500,001 - \$1,000 \$1,000,001 - \$5,00 \$5,000,001 - \$5,00 \$25,000,001 - \$5,00 \$25,000,001 - \$5,00	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN Other Type of Inco (Specify: e.g., Partne or Farm Income)	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,00 \$1,000,001 - \$5,000 Over \$5,000,000	\$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
	Space printeskipping	*	X	\$	
	Nourstay Lange COP	*	*		
		*	X		*
	Thom heve Int'L	***	7	**************************************	×
	l	*	*	X	*
	Conturi in E Inc	*	7	*	×
	Alathonuity test	×		×	
	HowHerd Annuity Acct	×		×	
	10 Acres - Kern Gount	X		×	
	INA ASSets!				
	Amer furch libshington	×	X	× ×	
	American arough fund	*	X	*	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Toliabrowniex. Page S of 7

Continuation Sheet (if needed)			Name Julia brownier.	Page 1 of
BLOCK A	BLOCK B	BLOCK C	ВГОСК D	
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	me
SP,	A B C D E F G H - J K L	e	Current Year P	Preceding Year
DC .	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	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Incomor Farm Income)	None = \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ≦ \$50,001 - \$15,001 - \$1,000,000 ₹ \$1,000,001 - \$1,000,000 ★ \$1,000,001 - \$5,000,000 ★ None = \$1 - \$201 - \$1,000 = \$	\$201 - \$1,000 \(\exists \) \$1,001 \(\dagger \) \$2,500 \(\times \) \$2,501 - \$5,000 \(\times \) \$5,001 - \$15,000 \(\times \) \$15,001 - \$50,000 \(\dec \) \$50,001 - \$100,000 \(\dec \) \$100,001 - \$1,000,000 \(\times \) \$1,000,001 - \$5,000,000 \(\times \)
Artisan Intillalucin	X	X		
Combiar Small Captura	٨	*		
Krankelin Sm-Mid Cap	*		X	
Namstay High Kick	7	V	X	
WFS Desearch Bond Fold	X	X	X	
appendent Intil Bord	*	*		
Pinco Low Direction Fund	*	X		
2 mas Real Portum Fund	>	*	X	
Pinner Cotal Return Fund	*	*	*	
Thomphore Int'l	***	7	X	
1 .	*	7	*	
۱ ۹			- 3 A - 3	

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Julia Browniay.

Page 6 of 7

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

J DC.	SP.	
Creditor Example: First Bank of Wilmington, DE		
incurred mo/year May 1998	Date	}
Type of Liability Mortgage on 123 Main Street, Dover, DE		
\$10,001— \$15,000	Þ	
\$15,001— \$50,000	₩	
\$50,001— \$100,900	ဂ	
× \$100,001— \$250,000	0	Amo
\$250,001— \$500,000	, tui	E O
\$500,001— \$1,000,000	Ti	Amount of Liability
	<u></u>	₹
\$1,000,001— \$5,000,000	Ŧ	ŀ
\$5,000,000 \$5,000,001— \$25,000,000		1
\$5,000,000 \$5,000,001—		

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 pusitions solely of all floriolary flattile.	aule.
Position	Name of Organization
2 DON	
(

SCHEDULE V - AGREEMENTS

Name of which British of .

Page 7 of 3

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 an employee welfare or ben-	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	
	ployee welfare or ben-	period of government	

 Date	Parties To	Terms of Agreement
	None	

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 !**

			None	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	
				Accounting services	Brief Description of Duties	