PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

-	response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the app	answered	Each question in this part must be
S N	Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No L	Yes	III. 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 III.
₹	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8 	Yes K	II. 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 II.
8	Yes 🔀	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	8 □	Yes X	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a speuse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes Yes No X ō

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
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list the source type and amount of parned income from any source (other than the filer's correct empt	21	
List the source, type, and annount or earned income from any source (other than the title's current empire	proyment by the U.S. Government) totaling azor 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 incom-	list only the source for other spouse earned income	
exceeding \$1,000. See examples below.		

Source (include date of receipt for honoraria). Type XYZ Composition, Houston, TX First Bank & Trust, Houston, TX XYZ Composition, Houston, TX Salay Salay Salay Salay Salay Salay Salay YI Salay XYZ Composition, Houston, TX Salay NA YI Salay YI

DC, Examples: the optional column on the far left 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 (JF), in blease refer to the instruction booklet or a detailed discussion of Schedule III requirements, serived from, a federal retirement program, including accounts; and any financial ing \$5,000 or less in personal checking or savings Exclude: Your personal residence, including second location in Block A. that is not publicly traded, state the name of the busiprovide a complete address. acome during the reporting period); any deposits totalromes and vacation homes (unless there was rentaness, the nature of its activities, and its geographic or an ownership interest in a privately-held business or rental or other real property held for investment, n me account that exceeds the reporting thresholds eccount and its value at the end of the reporting period. provide only the name of the institution holding the or retirement accounts which are not self-directed or all IRAs and other retirement plans (such as 401(k (do not use ticker symbols). reportable asset or sources of income which generated the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at plans) that are self-directed (i.e., plans in which you nore than \$200 in "unearned" income during the year. dentify (a) each asset held for investment or production fic investments), provide the value for each asset held Provide complete names of stocks and mutual funds ave the power, even if not exercised, to select the spe 12327 2911 Engle 10200 Great Watkins Asset and/or Income Source る。スとご Tung Royally SP Mega Corp. Stock Simon & Schuster ist Bank of Paducah, BLOCK A rish 023 in, or income KY account None > "None." income, the value should be only because it generated reporting year and is included method used. market value, please specify the valuation method other than fair of reporting year. If you use a If an asset was sold during the Indicate value of asset at close to: \$1,001 - \$15,000 Ö ð Value of Asset Ш BLOCK B 71. O ᄎ est, and capital gains, even the reporting period investments or that generate taxallow you as income, Check "None" if the reinvested, must be disclosed plans or IRAs), you may check the "None" column. Dividends, inter-Check all columns that apply. For deferred income (such as 401(k) asset generated no income during retirement accounts that Type of Income CAPITAL GAINS BLOCK C to choose specific royalues をサイン Other Type of Income 8 (Specify: e.g., Partnership Income or Farm Income) 3 # **Current Year** 2 closed as income. Check "None" gains, even if reinvested, must be dis-For all other assets, indicate the category of or IRAs), you may check the "None" column. Delow. income by checking the appropriate box ate tax-deferred income (such as 401(k) plans to choose specific investments or that gener For retirement accounts that do not allow you ncome was earned or generated * Dividends, interest, and cap \$50,001 - \$100,000 Amount of Income × BLOCK D - \$1,000 壷 Preceding Year < 莱

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Alan F.Le

Page 2 of 3

Contin	Continuation Sheet (if needed)			1111 1111 manus
	BLOCK A	BLOCK B	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
S		A B C DEFG W I UK		Current Year Preceding Year
5				XI MIN A MIN T
8		5,000 100,000 \$500,000 \$5,000,	of Income Partnersh	,000 90,000 \$5,000,00 90 90 90 90,000 \$1,000,000
		None \$1,001 \$1. \$50,001 \$ \$250,001 \$1,000,001 \$25,000,001	NONE RENT CAPITAL GO Other Type (Specify: e.g., or Farm Incor	\$1-\$200 \$1,001-\$2,5 \$5,001-\$15 \$50,001-\$1 \$1,000,001- None \$201-\$1,00 \$2,501-\$5, \$15,001-\$5
	12408 Fish	X		
	12412 Fish		.	
· · ·	12416 Fish	*		
	1334 Hardned			
	1338 Hardned			
	1342 Hardned	***************************************		
	19004 Whitewater			
	810 Maple crest			
	316 Fox Run			
	10		X	
3.2.20 ·	Sag Young		X.5	
	<u> </u>		×	
	6032 McAtce			

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Over \$5,000,000

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SP,

Continuation Sheet (if needed) 9702 Windridge 904 Galaxy 4624 Wind ridge 8465 Willow Creek Asset and/or Income Source 127 Whister HSSOC, LAC **BLOCK A** None 40 \$1,001 - \$15,000 O Value of Asset m BLOCK B G ㅈ \$25,000,001 - \$50,000,000 NONE Type of Income CAPITAL GAINS BLOCK C Other Type of Income (Specify: e.g., Partnership Income or Farm Income) **Current Year** \$1,001 - \$2,500 Amount of Income BLOCK D **Preceding Year** \$100,001 - \$1,000,000 ⋝

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SCHEDULE III — LIABILITIES

ame Alan F. Lee

Page of 4

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

						SP, DC,
Bank of America	Bank of America	Bank of America	bank of America	LBPS /Seterus	Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred mo/year
Mtg: 210 Mgplecrest	Mtg. 5312 Yager	Mtg: Saos Young	E O LOTS LEW	Mtg: 10200 Concord	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$15,001—
		100 P 470				\$50,000
					×	\$250,000 \$6,000 \$500,001—
						\$1,000,000
						\$25,000,000 ±

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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States firm, partnership, or other business enter-

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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			Position	and positions sulely of an inchorary nature.
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			anization	AV SAMORE WILLIAM
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SCHEDULE III — LIABILITIES

Name Alan Files

Page 2 of 4

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	Creditor	Date Liability Incurred mo/year		\$15,001— \$50,000 b	989,001 \$100,000 9	\$100,001—	ē viene propins ir ē	\$250,000 D Amount o	\$500,001—	\$500,001—
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	19. 188		×				
	Citi Mortgage		Mtg: 6032 MCARCO	X						
	Citi Mortgage		Mtg: 19004 Whitewater		×	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Nation stur Mortsuse		Mtn; 311 Fox Run		X					
	Indy Mac Bank		Mtg: 4720 Crawford			7	/	^		
	Indy Mac Bank		Mtg: 1334 Hardned		**					

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 offiprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-

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 solution of an honorary party.

and positions solely of an nonorary nature.	aure.
Position	Name of Organization

SCHEDULE III - LIABILITIES

Name Alan Files

Page 3 of 4

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 turni-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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Natil Farm Life Ins	Ocwin / Littun	Ocwen /Litton	Fridy Mac bank	Indy Mac Bank	Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred mo/year
Mtg: 904 Galaxy	Mtg: 9727 Whister	Mtg; 1342 Hardned	Mtgs 9624 Windowse	Mtg: 1338 Hardned	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$15,001 \$50,000 B
X		×	X	×	3,18	\$30,001— O
8. 1				\$14.00 P.00	×	\$100,001— \$250,000 D
*		<u> </u>		Nessa Nessa		\$500,000 = 0 \$500,001
					10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$1,000,000 " la \$1,000,000
						\$5,000,001— ± \$25,000,000 ±

SCHEDULE IV - POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offiprise, 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);

and promote soirt of the horizon of many	
Position	Name of Organization

SCHEDULE III — LIABILITIES

Name Alan Filee

Page 4 of 4

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

Creditor Liability Incurred In	Date Liability Incurred moyear Incurred moyear Mortsee, on 4 houses Eb 2008 -8465 will we creek	Date Liability Incurred movyear Mortsen on thouses Eb 2008 - 8465 willow creek Itability Type of Liability Mortsen on 123 Main Street, Dover, DE Eb 2008 - 8465 willow creek	Date Liability Incurred moyear Mortsen on 4 houses Eb 2008 -8465 w.llow Creek Type of Liability Mortsen on 123 Main Street, Dover, DE Mortsen on 4 houses The box of the creek Type of Liability Type of Liability	Date Liability Incurred movyear Incurred movyear May 1998 Mortgage on 123 Main Street, Dover, DE May 1998 Mortgage on 123 Main Street, Dover, DE K K K K K K K K K K K K K	Date Liability Incurred movyear Incurred movyear May 1998 Mortgage on 123 Main Street, Dover, DE May 1998 Mortgage on 123 Main Street, Dover, DE May 1998 Mortgage on 123 Main Street, Dover, DE May 1998 Mortgage on 123 Main Street, Dover, DE Mortgage on 124 May 1998 Mortgage on 123 Main Street, Dover, DE	P. S. S.	Examp	C *	15)			
S Ver, □	9,000 S15,001 S15,001 S15,001	\$15,001 \$5,000 B \$15,001 \$50,000 B	\$15,001 \$50,0001 \$100,001 \$100,001	## PER	Section Sect	Creditor	e: First Bank of Wilmington, DE	nevica Bank	erling Bank)			
S ver, D	S19-801	\$15,001 \$15,001 \$50,000 B \$50,000 C	\$15,001 \$15,001 \$15,001 \$50,000 BD	\$19,001— \$15,001— \$15,001— \$50,000 B \$30,001— \$100,001— \$250,000 D \$250,000— \$500,001— \$500,001— \$500,001— \$500,001— \$1,000,000	\$15,001— \$15,001— \$50,000 \$15,001— \$50,000 \$100,001— \$250,000 \$250,000— \$350,000— \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$25,000,001— \$1,000,000 \$25,000,001— \$25,000,000— \$25,000,000— \$25,000,000— \$25,000,000— \$25,000,000— \$25,000,000— \$25,000,000—	Date Liability	May 1998		16 b 2008			
	\$15,001	\$15,001— w \$50,000 w \$50,001— \$100000	\$15,001 B \$50,000 B \$50,001- Signion	\$15,001— B \$15,001— \$50,000 \$100,001— \$100,001— \$250,000 \$500,000 \$500,000 \$1,000,000 \$1,000,000	\$15,001— B \$15,001— \$50,000 \$100,001— \$250,000 \$250,000 \$500,001— \$1,000,000 \$1,000,000 \$5,000,001— \$1,000,000 \$5,000,001— \$25,000,001— \$25,000,001— \$25,000,001— \$25,000,000— \$25,000,000—	Type of Liability		Mortsone on 4 houses	-8465 Willow Creek	- 12408 FISH - 12412 FISH	-12416 Fish	

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offi-

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);

Position	Name of Organization