Yes No V	child because nduct.	nsactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	ז" income, trans irst consulted ע	ıssets, "unearneı nless you have i	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child 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 H	d trusts" need not	ds of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on Standards ng you, your sp	by the Committe h a trust benefit	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
QUESTIONS	OF THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
swered and the "Yes" response.	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	□ N <sub>S</sub>	Yes No	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 V	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	S S	Yes T	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	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	<b>8</b> □	dy Yes	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	d receive any n the reporting	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.	S <sub>S</sub>	y in Yes	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.
Yes No No	receive any regating 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.	□ S	Yes	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? If yes, complete and attach Schedule I.
		EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION - ANSWER
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	ee	Officer or Employee	Amendment	Status  Member of the U.S.  State: 4/15 CANS, A House of Representatives District: 5/K777  Report Type  Annual (May 17, 2010)  Amendm
2010 M - 1; 5: 12 MC (Office Use Only)	:	Telephone: 920	Daytime T		Name: / HOMAS E. PETRI
HAND DELIVERED	HANI	Form A For use by Members, officers, and employees	MENT	ATIVES URE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name
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## 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.

Source Type Am	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ontario County Board of Education	Spouse Salary	NA
AMORICAN COUNCIL OF TRUSTORS AND ALUMBI	Spouse Sturg	NA
KUMICHIT FUND	LEGISLATING PENSION \$ 14,564	\$ 14,564

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Page 3 of 1

# 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
Examples: Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb. 2, 2009 Aug. 13, 2009	\$2,000 \$500
Society INSUMMER GO BOD ON LACTHISC	They so cost & CIHSMS HAND ORNER	\$300 Per has	\$ 600
Society lusurance Form outre Wise	INVERTINATION TOWN AUG. 3/ 2009	Aug. 31, 2005	
Sociusa jusuames, Town on his Wise	BALLED HOSTAL	Der. 19 2009	\$Sac
Society Insurance Form of the Wise		105. 21 2009 \$500	\$500
LIBERTY FUND.	1203 Co-17740N	HARCH 2005 \$500	1700
POPER CONTEX	PRUSULTATON	Ser., 2009 \$500	\$500

MERSHAL & lister STOCK	WALCHOW (NA. STOCK	U.S. Brue Stock	YAMMO GHURGIMO MOR. FO.	AIM FUND.	Wiscons in RitHOMOST To.	JT 1st Bank of Paducah, KY Accounts	, Examples:	SP, SP Mega Corp. Stock	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding 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.
*	×		<	*	*	×	Indefinite	×	None   St.,000   St.,000,001 - \$50,000,001 - \$50,000,001 - \$50,000   St.,000,001 - \$50,000   St.,000,001 - \$50,000   St.,000,001 - \$50,000   St.,000,001 - \$50,000,000   St.,000,001 - \$50,000   St.,000,001 - \$50,000,000   St.,000,000   St.
4	*	>	<u>۲</u>	× × ×	× × ×	×	Royalties	×	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.  CAPITAL GAINS  EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
*	×	>	×	×	×	×	×	×	Amount of Income
			0	1,5 (mail				S (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. E. Korzi

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T.C. King

ე ე	Continuation Sheet (if needed)			7.7 5/7	
	BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E <b>Transaction</b>
SP,		0 T1 0 0 000 X 0,000 —	TRUST		مثر س س
JT		- \$15,000 - \$50,000 - \$100,000 1 - \$250,00 1 - \$500,00 1 - \$1,000,001 5001 - \$5,00 001 - \$25,00 001 - \$50,001			
		\$15,00 \$50,00 \$100,0 \$250,0 \$500,0 \$5,000 \$25,00	NONE DIVID RENT INTER CAPIT EXCE	\$2,501 \$5,001 \$15,00 \$50,00 \$100,0	
	Ehmson Eigenie Co, Sa	*	7	X	T (

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, Type Name 7. 6.

report any purchase, sale, or exchange transactions by you, your spouse,	1	700	;		;			•		_	•  -  -	·	j		
or dependent child during the reporting pends of any security or real property held for investment that exceeded \$1,000. Include transactions that	of Transaction	ารลด	r on	)	Date			Ama	Amount of	2	rans	Iransaction	၂ဋ		
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	.,			apital I \$200	(MO/DAY/YR)	8	C	U	т	п	മ	I	_	د	<u> </u>
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.e., "partial sale"). See example below.	HASE		ANGE	Box if C	or Quarterly, Monthly, or			0			000				,000
<b>Capital Gains</b> — 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.	PURC	SALE	EXCH	Check Gain E	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000	\$25,000 \$50,000	Over \$50,000
SP, DC, JT Asset															
SP Example: Mega Coporation Common Stock (partial sale)		×			10-12-09		×								
AIM FUND	X				SOME WAL	×									
Am Four		<b>\</b>			11/22/09		<b>×</b>								
?	×				11/23/09		×								
(1500 78 Toos)		メ		:	June 2005	X		,							
MOTAVANTU CORP. STYCK			X		10/9/09	,		•	X						
FIDELITY NAT'L INMANSON, SACY			ス		10/9/09				人						
OSHIOSH TRUCK STOCK	X				12/15/09				X						
Drupps un Conf Stock	ナ				10/5/09			*							
Dryatus Cusa STOCK	<b>X</b>				10/19/05			<b>*</b>							
INTI-LAY'S RIEC. G. STOCK	X				Divious Divious	×									
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Name T.E. FETRI

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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. 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

				,	JT DC,	)	
		,	MARNI	Example:			
			MARRILL LYNCH	First Bank of Wilmington, Delaware	Creditor		
			Lord Survice & Stage	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
<b></b>					\$10,001- \$15,000	В	
					\$15,001- \$50,000	၀	
					\$50,001- \$100,000	ם	
	 			×	\$100,001- \$250,000 \$250,001-	Е	Amou
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<u> </u>	 		×		\$1,000,000	G	Amount of Liability
					\$5,000,000 \$5,000,001-	Ξ_	y
L					\$25,000,000 \$25,000,001 \$50,000,000	ے	
					Over \$50,000,000		

#### 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.

	 	 	_	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$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 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 or were paid by you and reimbursed 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

Examples: Chicago Chamber of Commerce
Roycroft Corporation שדעדע Source Fig 14-20,28 OC- Anno Aug. 6-11 Date(s) Mar. 2 City of Departure — Destination —
City of Return DC—Los Angeles—Cleveland DC-Chicago-DC Lodging? 2 Z Food? z Was a Family Member Included? (Y/N) Z ~ Number of days <u>not</u> at sponsor's expense 2026 2 Days None

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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-

	DIRGETOR	MATMER	Position	
	Society lasvance (+ HUTUAL COMPANY) Famo or Loc, Wisconsin	LLOYO'S UNDURNITIAL INSULANCE RISKS, LONDON ENGLAND	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			
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Terms of Agreement			
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