SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Jason Thomas Smith

age 2 of 9

ist 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
nore 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.

			3
Source (include date of receipt for honoraria)	Туре	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Framples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Jason Smith Farm Salem, No	Non Breeding Livestock Sale	206	4115
CENTURY 31, SALEM, MO	COMMISSIONS	2203	4
State of Missouri	Salary	1854	35915
	J		
			5 5 5 5
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		13 13 13 13 13

	TO 2 ETHIRD, SALEM MOLSSED	301 STACKSON SALEM MOLSSE		TRON SALE	HWY HH, SALEM MO	1st Bank of Paducah,	Examples:	SP Mega Corp. Stock	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including 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 II requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identity (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
×	*	×	*	×	~	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset Value of Asset at close of reporting year. If you use a raluation method other than fair narket value, please specify the nethod used. If an asset was sold during the eporting year and is included only because it generated ncome, the value should be None."
X	*	×	*	×	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "fax-Deferred" 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.
	*	*	*	*	*	×	×	×	None	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
X	×	X	×	*	*	×	×	×	None	f Income you checked "Tax- you may check the other assets, indicate me by checking the Dividends, interest, n if reinvested, must ne. Check "None" if no generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JASON THOMAS SMITH

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Ξ 8 ŞP, SMITH THREE ENTERS LLC OWNING OWNING SMITH PARKER ENTERS LLC OWNING SMITH PARKER ENTERS LLC OWNING SMITH PARKER ENTERS LLC 11119 CLRS090 SALEM, NO FLONER TUNESTMEN Honeer Modified Whole SOEST Rd KOILA, MOLSYON PIONEER FUND ADYS. SALKSON SALEM NO SMITH PARKER ENTERPLL Life Policy Asset and/or Income Source BLOCK A WYESTMENTS 03560 None В \$1 - \$1,000 メ × \$1,001 - \$15,000 C D \$15,001 - \$50,000 Value of Asset m × \$50,001 - \$100,000 BLOCK B Ŧ \$100,001 - \$250,000 \$250,001 - \$500,000 G \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 X NONE × **DIVIDENDS** $\boldsymbol{\times}$ RENT Type of income INTEREST CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Than two Other Type of Income (Specify: e.g., Partnership Income or Farm Income) $\overline{\mathsf{x}}$ X None × \$1 - \$200 JASON THOMAS SMITH \succ \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 XI VIIVIII IX \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 BLOCK D × Over \$5,000,000 × × None \$1 - \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 \$2,501 ~ \$5,000 \succ \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 9 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III — LIABILITIES

Name JASON THOMAS SMITH

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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 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.

			Date Liability Type of Liability A B C				SP, DC, JT	Example: First Bank of Wilmington, DE		BK OF AMERICA	BK OF AMERICA AMERICAN EDWCATION	AND GRESSIVE OLARK BANK MAY 2008 45943 HWY73, SA.	BK OF AMERICA AMERICAN EDWATION SERVIC PROFRESSIVE OZARK BANK PROFRESSIVE OZARK BANK
						Date	Date Liability Incurred mo/year			AUE 3011	SERVICES MAY 2011	SERVICES MAY 2011 BANK MAY 2008	163
	\$10,001— \$15,000	\$10,001— \$15,000 > \$15,001— \$50,000 @	\$10,001— > \$15,000	\$10,001— > \$15,000	\$10,001—		Type of Liability	Mortgage on 123 Main Street, Dover, DE		CLEDIT CARD	STUDENT LOAN	STUDENT LOAN MORTEAGE ON 45943 HWY73, SALEM MO	MAY DOIL CLEDIT CARD MAY DOIL STUDENT LOAN MAY DOOR 45943 HWY73, SALEM MO OCTDOOR 403 CR4180, SALEM MO
\$15,001— \$50,000 C \$50,000 C \$100,000 C \$250,000 C \$500,000 C \$1,000,000 C \$1,000,000 C \$5,000,000 C \$5,000,000 C \$5,000,000 C \$1,000,000 C \$1,000,0	\$100,000 C \$100,001 D \$250,000 D \$250,000 D \$500,000 D \$1,000,000 D \$1,000,000 D \$5,000,000 D	\$250,000 m s500,000 m s1,000,000 m s1,000,000 m s5,000,000 G	\$500,001— \$1,000,000 TI \$1,000,001— \$5,000,000	\$1,000,001— o \$5,000,000	A NEW PRINT PRINT	iability	\$5,000,000	_	Ļ				
\$15,001— \$50,000 C \$50,000 C \$100,000 T \$500,000 T \$1,000,000 T \$5,000,000 T \$5,000,000 T \$25,000,000 T \$25,000,00	\$100,000 C \$100,000 D \$250,000 D \$250,000 T \$500,000 T \$1,000,000 T \$1,000,000 D \$5,000,000 D \$5,000,000 T \$5,000,000 T \$5,000,000 T \$5,000,000 T	\$250,000 m \$500,000 m \$500,000 m \$1,000,000 m \$1,000,001 G \$5,000,000 T \$5,000,000 T \$25,000,000 T	\$500,001— \$1,000,000— \$5,000,000— \$5,000,000— \$25,000,000— \$25,000,000—	\$5,000,001— x \$5,000,000 x \$5,000,001— x \$25,000,001—	\$25,000,000 =	iability	\$5,000,000 \$5,000,001— ±		-				

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 See Page 8 Name of Organization				· ·	
ec Page 8	Position				
		Sec Page 8			

SCHEDULE III — LIABILITIES

Name IASON THOMAS SMITH

Page $\frac{7}{2}$ of $\frac{9}{2}$

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. 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, Creditor Liability Type of Liability Incurred mo/year May 1998 Mortgage on 123 Main Street, Dover, DE	<i>₹</i>	\$10,001— \$15,000 > \$15,001— \$50,000 © \$50,001— \$100,000 O	SP, DC,	Example:		PROG.	PROB.	Town!	Town
1.6	<i>₹</i>	<i>1</i>	Creditor	First Bank of Wilmington, DE		RESSIVE OTARE BANK	RESSIVE OTARE BANK	PROBRESSIVE OTARE BANK TOWN+ COUNTRY BANK	PROBRESSIVE OTARE BANK TOWN+ COUNTRY BANK TOWN+ COUNTRY BANK TOWN+ COUNTRY BANK
1.6	<i>₹</i>	<i>1</i>	Date Liability Incurred mo/year	May 1998		Octoba	Det soid	54 d 3010.	0073009 5413010 5443009 APRIL 3009
\$10,001— \$15,000 >	\$10,001— \$15,000 D \$15,001— \$50,000 D	\$10,001— \$15,000 B \$15,001— \$50,000 C \$50,001— C \$100,000 D \$250,000 D		9		REVOLUING LINE OF CREDIT	PROBRESSIVE OZARE BANK OCTSON REVOLUNG KINE OF CREDIT TOWN+ COUNTENBANK JAN 3010 703 F. THIR'S SALEM, MO	Detson REVOLUNG LINE OF CREDIT MEETERSE ON SAN 3010 703 E. THIR'S SALEM, MO MORTCHEEON- SIDN. MAIN, SULY 2009 1107W. COFFMAN 401 E. ROOSEVELT	Detada REVOLVING LINE OF CREDIT ME ETGAGE ON THIS SALEM, ME MORTCAGE ON - SIDN. MAIN, SULY 2009 1107 W. COTEMAN HOLE (STEELT MORT GAGE OF 304 E. CENTER, MORT GAGE OF 304 E. CENTER, MO
	\$50,000 B \$50,001— \$100,000	\$50,000 B \$50,001— \$100,000 C \$100,001— \$250,000 D	\$10,001— \$15,000 >			×			
\$100,000	\$250,001— m st of		\$500,000 m st S						
\$100,000 B 100,000 B 1,000,001 B 1,000,001 B 1,000,001 B 1,000,000	\$250,001— m \$500,001— n \$1,000,000 n	\$1,000,001	\$500,000 m of Lisbilities \$1,000,001— \$1,000,001 \$1,000,0						
\$100,000 \$100,001— D \$250,000 E \$500,001— F \$1,000,001— G \$5,000,000— H	\$250,001— m \$500,000— T \$1,000,000— G \$5,000,000— ±	\$1,000,000 T \$1,000,000 G \$5,000,000 T \$25,000,000 T	\$500,000 m \$500,001— T \$1,000,000 T \$5,000,0001— G \$5,000,0001— ± \$25,000,000 T						
000 Amount of Liability 001— F 0,000 F 0,001— G 0,001— G 0,001— H 000,000 H	001— m 0000 F 00,001— G 00,001— H 00,001— H 00,001— H	0,000 T Liability 0,001— G 0,001— ± 00,001— - 00,000—	0000 m of Lability 0001— G 00000 T 00001— G 00001— T 0000000 T	\$250, \$500, \$500, \$1,00 \$5,00 \$5,00 \$25,0	\$500, \$500, \$1,00 \$1,00 \$5,00 \$25,0 \$25,0 \$25,0	\$500, \$500, \$1,00 \$1,00 \$5,00 \$5,00 \$25,0 \$25,0	\$500, \$500, \$1,00 \$1,00 \$5,00 \$5,00 \$25,0 \$25,0 \$50,0	\$500, \$500, \$1,00 \$1,00 \$5,00 \$5,00 \$25,0 \$25,0 \$50,0	\$500, \$500, \$1,00 \$1,00 \$5,00 \$5,00 \$25,0 \$25,0 \$50,0

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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 positions solely of an honorary nature

	and positions solving of an inclination of inclination	
	Position	Name of Organization
		See Page 8
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SCHEDULE III — LIABILITIES

Name JASON THOMAS SMITH

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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

					SP, DC, JT
Town+ Country BANK	Town's COUNTRY BANK	TOWN+ COUNTRY BANK	TOWNY COUNTRY BANK	Example: First Bank of Wilmington, DE	Creditor
APRIL 2009	MAYZOIZ	SEPT 2010	Suly 3009	May 1998	Date Liability Incurred mo/year
MORTGASEON GOL'E',1ST, TWINDAKS, SALEM, MO	MAYROLD MORTGABE ON HUYLS SALEN MO	SEPT 2010 MORTGAGE ON HWY 19N, SALEM, MO	SULY 2009 WERTEAGE ON HOY HH SALEA MO	Mortgage on 123 Main Street, Dover, DE	Type of Liability
-					\$10,001— \$15,000
	×	\times	>		\$15,001— \$50,000 T
				L	\$50,001— \$100,000 O
	-	_		× _	\$250,000 \$250,001—
					\$500,000 T S S S S S S S S S S S S S S S S S
 				_	\$1,000,000 \$1,000,001— G \$5,000,000
					\$5,000,001— \$25,000,000 エ
					\$25,000,001 \$50,000,000
	+	† 			

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and production services of the services of the services of	
Position	Name of Organization
BOARD MEMBER	MISSBURI COMMUNITY BETTERMENT ASSOCIATION
BOARN MEMBER	SALEM FFA ALUMNI ASSOCIATION
PARTNER	SMITH & PARKER ENTERPRISES LLC
Real Estate agent	South Centrum Board of Realfors

SCHEDULE V — AGREEMENTS

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Nama Barren

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; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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 I.

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

GPO: 2012

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