Telephone: Check if A \$200 penalty shall be assessed against any individual who files if yes, complete and attach Schedule v. Did you receive complete attached for each "Yes" response. Direction of the Mg prior years? If yes, complete and attach Schedule v. Did you receive complete attached for each "Yes" response. Direction of the Mg prior years? If yes, complete and attach Schedule v. Direction of the Mg years? No Marion — Answer Each Of These Questions or a dependent child? It reassections, or labilities of a spouse or dependent child yes No Mo Mg years.
Se Only) Se Only) No D No D

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SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name HUGGITHOM/SmR15/1 Page 2 of

exceeding \$1,000. See examples below.	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	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		
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard or Heserve pay), tederal retirement programs, and benefit		ts received under the Social Security Act.	security Act.
Source (include date of receipt for honorage)	Type	Amount	unt
Control (illumina hare a receipt to trouveriet)	1 3 100	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	N
RICE, MACDONACO ADO HICES P.A.	SALAM	8,000	24777.06
Rich Commancial for	Sporse Saran	5 4	>-

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R. un P.	H*4~1M	12/010	JF AOVE	AMERICAN	Sohn		Examples:	S	For an ownership intentitat is not publicly tradiness, the nature of its location in Block A. Exclude: Your person homes and vacation in block A. Exclude: Your person homes and vacation in g. \$5,000 or less in accounts; and any fire accounts; and any fire accounts; and any fire accounts; and any fire and the Thriff Savings Plan. If you so choose, you income source is that o ent child (DC) or is joint the optional column on the optional column or the op	For rental or other real pro- provide a complete address.	nt and its val	HAAs and of that are set the power, en the power, en the power entre the account the account the attrement ac	Provide complete names o (do not use ticker symbols).	of income with a father and of the reportable asset of	ASSet an	
Properties, LC	H COMMENTAL	MANAH BOAS INVESORS	WF ADVANTAGE MONAY MICT	An FUNDS MONEYME	SUPPLICAGE AND CHAPINTA	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	For an ownership interest in a privately-held business that is not publiely 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 total-ing \$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 Thriff Savings Pfan. If you so choose, you may indicate that an asset or income source is that of your apouse (SP) or dependent elift (DC) or is phitly 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.	For rental or other real property held for investment, provide a complete address.	provide only the name of the instruction found, and account and its value at the end of the reporting period.	For all IRAs and other retirement plane (such as 401(x) 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, for the least which before the	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset retu to 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.	Asset and/or modifie source	BLOCK A
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 			-	 					None \$1 \$1,000		АВ	reportir only be income "None."	If an asset we	ᆵᇶ	<u> </u>	
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		,	\prec	†	1	×		-	\$100,001 \$250,000		TI	reporting year and is included only because it generated income, the value should be "None."	If an asset was sold during the	of reporting year. If you use a valuation method other than fair market value, please specify the	Indicate value of asset at close	BLOCK B
†				†		Г			\$250,001 - \$500,000		G	pe ge	80	60 F		z ĕ
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						L			CAPITAL GAINS				a s	ent account to choose of that dincome	2 6	8
					[EXCEPTED/BLIND TRUST			If reinvested, must as income. Check as set generated no the reporting period	활	e social	3 :	BLOCK C
L			X	<u> </u>				<u> </u>	TAX-DEFERRED				ĘĘ	Ser de st	3 9	
			Name of the last o				Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Incor	ne)		If reinvested, must be disclosed if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	retirement accounts that do not allow you to choose specific investments $\underline{o}_{\mathcal{C}}$ that generate tax-deferred income (such as 401(k))	Chack all columns that apply For	BLOCK C
X									None -	-						
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<u></u>		<u> </u>	\sum	\bot	1	×	×	<u> </u>	\$2,501 - \$5,000		93.	income was earned or generated.	Ē	For assets for which Deferred" in Block C, "None" column. For all the category of incor		
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-	-			+-	 	 ~	×	!		<u>< </u>	Preceding Year	income was earned or generated.	appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must	Por assets for which you checked lake Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the	L	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name HowAThampson RICE, J

Continuation Sheet (If needed)			Notifie
BLOCK A	вгоск в	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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DC .	0,000 00,000 250,000 500,000 1,000,0 \$5,000 \$25,00	BLIND RED Incom	0 000 000 0,000 000,000 5,000,0
	\$1,000 01 - \$15,001 - \$50 001 - \$10 001 - \$10 ,001 - \$2 ,001 - \$5 ,001 - \$1 00,001 - \$1 00,001 - \$1 \$50,000 - \$1	DENDS	\$200 -\$1,000 11 - \$2,500 11 - \$5,000 11 - \$15,000 101 - \$15,000 101 - \$100 1001 - \$100 1001 - \$1,000 1001 - \$1,000 1000 - \$1,000 1
	\$1,00 \$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00 \$25,0	RENTER CAPI EXCLUSIVE TAX-I Other	\$1,00 \$2,50 \$5,00 \$15,0 \$100, \$1,00 Over None \$1 - 5 \$201
Danier of Strict Prospers, Lac	*	*	X
CALHOUN RICK, LLC	*	*	×
7 7	χ	×	×
m Em Brinsitio	**	>	× ×
CRAVE RIVER LO	×	X	×
IT RIGIRALITY	×	X	× × ×
Sp Kich Commercial HK	*	X	- X
POP Z, LLC	×	X	X

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SCHEDULE III — LIABILITIES

Name Thompson Rus Ju Page 5 or-

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

						DC,	
11	CONNAY NAMONAL BANK) (PLANTATION FEDERAL BANK	Example: First Bank of Wilmington, DE	Creditor	
41/14	4/10	1/000	4/08	9/08	May 1998	Date Liability Incurred mo/year	
16 MONTBOCK OF N RESINAL	MONTHUAGE IN PLICE	TO MOST CAPE AS DIWYART	4/08 MONTEAGE IN PARLEMAY DERICE	108 Montback on Rich Railer	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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_					-	\$25,000,000 -	
<u> </u>		<u> </u>	ļ	ļ	┡	\$50,000,000 Over	

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);

and positions solely or an inortorary nature.	IA(UIO)
Position	Name of Organization
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Dinanon Good	DIRECTOR GROSS SIMFON CHAPIN ANT MICEUR
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SCHEDULE III — LIABILITIES

How Thompson Kins In

Page 6 of 1

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. 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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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,
					0.0 ⊢
			CONTRACT NOTIONAL BANIL	Example: First Bank of Wilmington, DE	Creditor
	-	4/11	1 1	May 1998	Date Liability incurred mo/year
		Com 12 0003, LLC	LOAD IN CHANAS RICA	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000 >
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SCHEDULE IV - POSITIONS

cer, 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. 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-

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

SCHEDULE V — AGREEMENTS

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Page Z of Z

Date	Parties To	Terms of Agreement

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 1.

9	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Exited OFFIELD OF ALMAN	Exacura FLES
1255.75	
ASSURE OF WAR DESCRIPTION OF THE POST DESCRIPTION OF WARNING	FLACUTURFEES
MYNTLE BEACH, SC 2957	