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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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										wesity	Ontario County Board of Education	Examples: State of Maryland	Source
										SWISE PENSION	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре
										ح	\$1,000 NA	\$6,000 \$9,000	Amount

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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 Ethics. 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	Feb. 2, 2012	\$2,000
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12 2 2 51	BONT OF TRUSHER	S TAN	Bonk or America	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	property," and a city and state. 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 a personal checking or saving accounts; and any financial interest in, or income derived from, a tederal 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 (\$P) 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 all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	BLOCK A Asset and/or Income Source
* *	*	*	*	Indefinite ×	None	*This column is for assets held solely by your spouse or dependent child.	and is included only because it generated income, the value should be "None."		BLOCK B Value of Asset
< × ×	X	*	X	X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.		Check all columns that apply. For refirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	. a
× × ×		×	★ ©	× ×	None \$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 - \$5,000,000 ⋈ Over \$5,000,000 ⋈ Spouse/DC Income over \$1,000,000* ⋈			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.	
				S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P. S.		\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	BLOCK E

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SCHEDULE IV- TRANSACTIONS

								·				SP Example:	크	income. If only a portion of an itial sale"). See example below. Capital Gains — if a sales tran \$200, check the "capital gains" to "This column is for assets solel	Exclude transactions bet purchase or sale of you	Report any purchase, sa dependent child during the held for investment that
	-											Mega Corporation Common Stock (partial sale)	Asset	income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below. Capital Gains — 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. This column is for assets solely held by your spouse or dependent child.	in a capital loss. Provide a oriel description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000, include transactions that resulted held for investment that exceeded \$1,000 include transactions that resulted
-	(*)	- A												PURCHASE	-	$\overline{}$
									,,,			×		SALE		Type of Transaction
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,														Check Box if Gain Exceed		
			-									10-12-12		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
			VF.		,									\$1,001- \$15,000	>	
												×		\$15,001- \$50,000	В	
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			,										_	\$50,000,000 Over \$1,000,000*	د	
									·					(Spouse/OC Asset)	~	

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SCHEDULE V- LIABILITIES

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are personally liable): 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. *This column is for liabilities held solely by your spouse or dependent child. 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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal during the year. residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

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				SP, DC, JT	
			Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred Mo/Year	
			Mortgage on 123 Main St., Dover, DE	Type of Liability	
		-		\$10,001- \$15,000 >	
				\$50,000	
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				\$250,001- \$500,000 m \$500,001- \$1,000,000 m \$5,000,000 m	
				\$5,000,001- \$25,000,000 ±	
7	. ,			\$25,000,001- \$50,000,000	
				Over \$50,000,000 ~	
				Spouse/DC Liability Over \$1,000,000*	

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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 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.

1	Source	Description	Value
	Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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

Phi Beta Sigma traderay Examples: MUK DAY Celebratus Chicago Chamber of Commerce Roycroft Corporation Š ر د ک Aug. 6-11 12-13 Date(s) Mar. 2 ATL-NORMAIL-AT ALL - Memphis- At City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC-Chicago-DC Lodging? ≺ z Food? < Z Member included? (Y/N) Was a Family 2 ۷. **≺** z Number of days not at sponsor's expense 792 ろとろ 2 Days None

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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. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 organiza-

none, and positions oping a an inchest of the	The state of the s
Position	Name of Organization
Board Member	Stennis Center For Public Service

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or 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

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	Date	Parties To	Terms of Agreement