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Yes No	because	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	ets, "unearned" income, tra ss you have first consulted	<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 X		s of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	the Committee on Standan trust benefiting you, your	<b>TRUSTS</b> —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
JESTIONS	OF THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT,
ered and the es" response.	must be answ ed for each "Y	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes No X	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 X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes No X	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		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.	Yes No	Ill. 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	eceive any he 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.	Yes No	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 X		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.	Yes No	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.
		E QUESTIONS	R EACH OF THESE	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	r Employing Office: se Termination Date:	Oq Officer or Employee	Status  Member of the U.S. State: LN House of Representatives District: C  Report Annual (May 17, 2010)
(Office Use Only)	(Office	1,5		
AND 11:06	520 0 AUG 23 AH II	Daytime Telephone: ついっしょうとらいま	Daytime	Name: Boron P Hill
WAL 7	INSIDE MAI	Form A For use by Members, officers, and employees	TIVES RE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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Name Baron Hill Page &

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. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
Seymour Community Schools 1-1-04 to 5-31-09	Spouse Salory	NA
Todional Teacher Retirement fund	Sporse Prision	NA
School Sevolonce until Serial Security	Sporse Soyeronic	NA

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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 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	Speech	Feb. 2, 2009	\$2,000
_	Anicle	Aug. 10, 2009	\$500
None			

Of as MID		Tond!	on Fin :	II FIN	पा टाउ८८	JT .	, Examples:	SP SP	reporting threshold. For retiremen not self-directed, name the institution account and its value at the end of period. For an active business that traded, state the name of the busines that traded, state the name of the business that reside the scrutter on booklet.  Exclude: Your personal reside the your spouse, or by you or your parent, or sibling; any deposits tot less in personal savings accounts cial interest in or income deriving overnment retirement programs. If you so choose, you may indicat or income source is that of your dependent child (DC) or is jointly to optional column on the far left.	provide the value each asset in the	land, provide a complete address, names of stocks and mutual funds ticker symbols). For <b>all IRAs</b> and other plans (such as 401(k) plans) that are ( <i>i.e.</i> , plans in which you have the portion of exercised, to select the specific in	duction of income exceeding \$1,000 od, and (b) any off which generated references the except the except of the exc	Identify (a) each as	Asset and		SCHEDIII E
-	1 401 *	WM. J CAP	Tatl. Diversified	Belence	С	1st Bank of Paducah, KY Accounts	Simon & Schuster	SP Mega Corp. Stock	mat exceeds that it mat it is not plans that it it is not pub usiness, the na praphic location immation, see totalling \$5,00 mts; and any fir lerived from unspouse (SP) wheld (JT), in	provide the value and income information on each asset in the account that exceeds the	land, provide a complete address. Provide full land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> 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),	duction 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 which generated more than \$200 in "unearned".	ldentify (a) each asset held for investment or pro-	BLOCK A  Asset and/or Income Source		COMEDIAL E III — VOCETO VND "IINEVBNIED" INCOME
$\Box$						<u> </u>			None >	$\Box$	If a yea ger	rep me	<u>,                                     </u>		] c	-
$\exists$		<b>-</b>				<b> </b> _	Inde	$\downarrow$	\$1 \$1,000	4	If an asse year and generatec "None."	ortii thoo ase	Indicate			
7		$\overline{}$			$\mid \times \mid$	╂─	Indefinite	+	\$1,001 – \$15,000 O	$\dashv$	set nd ted	spe				<u>'</u>
_					<del> </del>	1		×	Ψ10,001 φ00,000	$\dashv$	was is ir	/ear her cify	مالوب	<u>≨</u>	13	2
				<u> </u>	-	×			\$30,001 - \$100,000	$\dashv$	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	reporting year. If you use a valuation method other than fair market value, please specify the method used.	2	BLOCK B		ī
						∱		+	Ψ100,001 — φ200,000		ld di ded , th:	yor me	of accet at	BLOCK B	16	ر «
					-	1			\$250,001 - \$500,000	$\dashv$	urin; on	us air thoo	P P	SS B B	ΙZ	2
$\dashv$					1		$\vdash$		\$1,000,001 - \$5,000,000	╡	g th	mar d us	שַ	<u>e</u>	12	3
						t			\$5,000,001 - \$25,000,000	┪	e re Sho	ket ked.				Š
$\dashv$		<del></del>				t			\$25,000,001 - \$50,000,000		port ause buld	lluat vai			7	П
		· <del></del>			<u> </u>	ļ			Over \$50,000,000		be ⊞	ue, lión	2.			
						T			NONE	7	<sup>2</sup> ○ < □ = =	: 0 =: 7 =	_		1	
X	$\times$	~	>	$\sim$	<b>\</b>	t		×	DIVIDENDS		ing the appropri Dividends and int vested, should be Check "None" if as ate any income du	retirement plans not allow you investments, you all other assets indicate the type	Check all columns			
	•					×			RENT		the the dend ed, s ek "N any ir	men allov	Σ Qu		ł	
						t		1	INTEREST		ap s ar shou lone	nt pla	= . ຊ	BLO BLO		
						İ		×	CAPITAL GAINS		appropriate appropriate and interest interest interest in a come du come du	ans ou t	Jum 1	ם 1		
						T			EXCEPTED/BLIND TRUST		oriate briate teres e liste asset uring	or a may			1_	
							Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	∍)	ing 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.	retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IAAs, indicate the type of income by choose indicate the second plant.	that apply. For	Income		Name
~		<u>~</u>	~	$\geq \leq$	×				None –	_	약 (Cha Cha Cha Cha Cha Cha Cha Cha Cha Cha	ga Faa	Fo		Н	
						<u> </u>	ļ		\$1 - \$200 =	_	Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	not allow you to choose specific invest- ments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income	For retirement plans or accounts that do			
					<u> </u>	ļ	<u> </u>		\$201 - \$1,000		nds , sh "Nor rate	othe	reme	₽		
					<u> </u>	ļ		×	\$1,001 - \$2,500 <	_	and d. Te	ou to	# #	BLOCK D		
				ļ	-	<u> </u>			\$2,501 - \$5,000 <		f no f	to choose specific invest ay write "NA" for income asy write "NA" for income assets, including all IRAs, category of income by separate hay below.	olans	BLOCK D		
				-	<del> </del>	×			\$5,001 - \$15,000		incc	Vince, inc.	9	<b>으</b> 츳		
				<del>                                     </del>	<del> </del>	╂–			\$15,001 - \$50,000 <u>\$</u>	_{	st, e	of NA, of esp	acco	ם ב		
					<del> </del>	<u> </u>		$\vdash$	\$50,001 - \$100,000		was	ing of the city	žnut	ğ		
				<del> </del>	<del> </del>	╁╴	×		\$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ×	$\dashv$	interest, even if rein- be listed as income. no income was earned	ecific invest- for income. for all IRAs, income by	s tha	·ν.		
					<del> </del>	-	-		\$1,000,001 - \$5,000,000 ×  Over \$5,000,000 ×		rned	/est- yme. <b>74s</b> , by	<del>ი</del>		11	
	:							S (partial)		If only a	exchanges (E) exceeding \$1,000 in reporting year.	asset had purchases (P), sales (S), or	Indicate if the	BLOCK E		Page of

SCHEDULE III -ASSETS AND "UNEARNED" INCOME

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None   September	None	၂ လ Cg	Continuation Sheet (if needed)	"UNEARNED" INCOME	Name	Baron Hill
None	None		BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income
None   Si - 51,000   Si 5,001 - Si 500,000   Si 5,000 - Si 5,000,000   Si 5,000 - Si 5,000,000   Si 5,000,001 - Si 5,000,000   Si 5,000   Si	None   S1 - S1,000   S1,001 - S50,000   S25,001 - S50,000   S25,001 - S50,000   S25,000,000   S25,000   S25,	SP,		B C D F F F F F F F F F F F F F F F F F F	ST	X XI IIIA IIA A A III II
None   ST - \$1,000   S10,001 - \$50,000   S50,001 - \$100,001   S50,000   S50,000	None   ST - \$1.000	DC,		0 00 000 000 0,000 0,000,000 ,000,000	D TRUS	000
None   Si - Si   Si   Si   Si   Si   Si   Si	None   St - St   St   St   St   St   St   St	J		- \$15,000 1 - \$50,00 1 - \$100,0 01 - \$250, 01 - \$500, 01 - \$1,00 ,001 - \$5,0 ,001 - \$25 0,001 - \$5	ENDS  EST  AL GAINS  PTED/BLIN	\$1,000 - \$2,500 - \$5,000 - \$15,000 1 - \$50,000 1 - \$100,000 01 - \$1,000,000 01 - \$5,000
High Kield  Alexa Banks Trad  X  X  X  X  X  X  X  X  X  X  X  X  X	High Kield  Related Bank's Trast  Related Bank's Trast  Related Bank's Trast  Related Bank's Trast  X  X  X  X  X  X  X  X  X  X  X  X  X			\$1 - \$1 \$1,001 \$15,00 \$50,00 \$100,00 \$250,00 \$500,00 \$5,000 \$25,000	NONE DIVIDE RENT INTERI CAPITA EXCEP	\$1 - \$201 - \$201 - \$1,001 - \$2,501 - \$5,001 - \$15,001 - \$15,001 - \$100,000 - \$1100,000 - \$1100,000 - \$1100,000 - \$110000,000 - \$110000,000 - \$110000,000 - \$110000,000 - \$110000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,0000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$1100000,000 - \$
High Field  X  Notice  Crosoft  X  X  X  X  X  X  X  X  X  X  X  X  X	High Kield  Albala Bank's First  Anortica  Mortgage  Flizzbeth Hill  X  X  Mortgage  by, MI 48105	듸	le	X	X	X
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Actor, MI	Actor, MI		۸ <del>۱</del> ۲۵			
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			Arbor, MI			

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## SCHEDULE IV TRANSACTIONS

_	_				7.5	 		 	 ,								_	
												None	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	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.	ates rental income. If only a portion of an asset is sold, please so indicate ( <i>i.e.</i> , "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	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
															PURC	HASE		of T
	·									<u> </u>	<del> </del> -		×	_	SALE			Type ansac
							·	,							EXCH	ANGE		Type of Transaction
															Check E Gain Ex	Box if C	Capital d \$200	
			3										10-12-09		Bi-weekly, if applicable	Quarterly,	(MO/DAY/YR)	Date
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													×		\$15,001- \$50,000		ဂ	]
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															\$50,000,	000	<u>~</u>	

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#### SCHEDULE V- LIABILITIES

Name Boyon Hill

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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 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.

	SP, DC, JT
	Example:
None	Creditor  Example: First Bank of Wilmington, Delaware
	Type of Liability  Mortgage on 123 Main St., Dover, Del.
	\$10,001- \$15,000 <b>W</b>
	\$15,001- \$50,000
	\$50,001- \$100,000
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	\$25,000,001 \$50,000,000 <b>~</b>
	\$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.

		Exam		
	None	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

	Name
	Baron
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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 \$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

					ļ	į			-Admpicu.	Examples:	Source
							1	None	Roycroft Corporation		
									Aug. 6–11	Mar. 2	Date(s)
									DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
									Υ	z	Lodging? Food? (Y/N) (Y/N)
	_								Y		
									· ~	Z	Was a Family Member Included? (Y/N)
									2 Days	None	Number of days not at sponsor's expense

#### SCHEDULE VIII—POSITIONS

Name Baran Hill

Page \_ of \_ C

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-

zanono), and positions solely or an nonorally flatale.	onorally nature.
Position	Name of Organization
Director	Sycamore Land Trust

### 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

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Date	Date				
Parties To	Parties To				
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Torn	Tern				
no of Auropment	Terms of Agreement				
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