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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: | Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | ts received under the Social Seci | curity Act. |
|-----------|--|-----------------------------------|-------------|
| | Source | Туре | Amount |
| | | Approved Teaching Fee | \$6,000 |
| Evampla: | State of Maryland | Legislative Pension | \$9,000 |
| Examples. | Civii War Roundtable (Oct. 2nd) | Spouse Speech | \$1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II.

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Page 3_ of_

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 |
|------------------------|----------|---------------|---------|
| | Speech | Feb. 2, 2009 | \$2,000 |
| Examples: XYZ Magazine | Article | Aug. 13, 2009 | \$500 |
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| JT ABG-MUNI BOND FOR THE ABG-BOND FUND THE BOOZMAN-HOF 401(K) | SP, Mega Corp. Stock DC, Examples: Simon & Schuster JT AIM S-T Treasury JT ABG- Equity Fund | 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. | BLOCK A 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). |
|---|--|--|--|
| X | Indefinite X | None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 | BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." |
| XX X/A | X X Royalties | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Type of Income 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 <i>including all IRAs</i> , 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. |
| X X X | × × × × × × × × × × × × × × × × × × × | None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 < | Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated. |
| Spartial) Spartial | S (partial) S(partial) S(partial) | If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E | BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN BOOZNAM

WAY) Page ____ of_

Continuation Sheet (if needed) SP, ≒ DC ARVEST BANK REGIONS BANK REDERAL CYU SAVINGS (101,2mar) FEDERAL CREDIT UNION Northwest Mutual AMERITRADE Asset and/or Income Source BLOCK A None ϖ \$1 - \$1,000O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 ۵ \$250,001 - \$500,000 工 \$500,001 - \$1,000,000 1,000,001 - 5,000,000۲ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT **INTEREST** of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None == \$1 - \$200Amount of Income III V V VI VIIIVIII IX \$201 - \$1,000 \$1,001 -- \$2,500 BLOCK D \$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 Transaction BLOCK E σ, ω_, m

SCHEDULE IV - TRANSACTIONS

Name JOHN N. BOOZMAN

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| Report any purchase, sale, or exchange transactions by you, your spouse, of Transaction or dependent child during the reporting period of any security or real prop- | | | PURÇI | Asset | Example: Mega Coporation Common Stock (partial sale) X | - ABG · Bond Fund X | ABG- Muni Bond Fund X | ABG- Equity Fund X | ABG-Bond Fund X | Rent house X | | | | | | | | | | |
|--|--------|---------------------------------|--|-------|--|---------------------|-----------------------|--------------------|-----------------|--------------|-----|---|---|-------|------|-----------|-----|-------|---|-----------------|
| <u></u> | ul | K if Capitaled | | | | < | | | < | | | | | | | | | | | |
| Date | | (MO/DAY/YR) or Quarterly, | Bi-weekly, if applicable | | 10-12-09 | 2-8-09 | 7-3-09 | 5-27-of | 10-13-09 | 4 Qtr | | | | | | | | | | |
| | | Œ | \$1,001- \$15,000 | | | × | | - | × | | | | | | | | | | | |
| | | ဂ | \$15,001- \$50,000 | | × | | | | | | | | | | | | | | | |
| Am I | | 0 | \$50,001- \$100,000 | | | | | | | × | | | | | · | | | | | |
| Amount of | | m | \$100,001 \$250,000 | | L | | | | | | | | | | | | | | | |
| | | 1 11 | \$250,001 \$500,000 | | | - | | | | | | | | | | | | | | _ |
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SCHEDULE V- LIABILITIES

Name John N. Boozman

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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.

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|---------------------|--|---------------------------------------|------|-------|-------|
| SP. | DC, | | | | |
| | | Example: | | | |
| | Creditor | First Bank of Wilmington, Delaware | | | |
| | Type of Liability | Mortgage on 123 Main St., Dover, Del. | | | |
| 8 | \$10,001- \$15,000 | | | | |
| C | \$15,001- \$50,000 | | | | |
| D | \$50,001- \$100,000 | | | | |
| Amo | \$100,001- \$250,000 | × | | | |
| F of | \$250,001- \$500,000 | | | | |
| Amount of Liability | \$500,001- \$1,000,000 | | | | ! |
| | \$1,000,001- \$5,000,000 | | | | |
| o | \$5,000,001 \$25,000,000 \$25,000,001 | | | 1 | |
| 5 - | \$25,000,001 \$50,000,000 Over | | | J | ļ |
| <u> </u> | \$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 | |

| | Name |
|---|---------|
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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 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 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

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the

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

| | | | | | | | | Roycro | Evamples: Chicago | |
|---|--|--|---|--|--|---|--|--------------------------|---------------------|--|
| | | | | | | | | Roycroft Corporation | Chamber of Commerce | Source |
| | | | | | | (| | Aug. 6–11 | Mar. 2 | Date(s) |
| | | | | | | | | DC—Los Angeles—Cleveland | DCChicagoDC | City of Departure—Destination— City of Return |
| | | | | | | | | Υ | Z | Lodging? (Y/N) |
| _ | | | ! | | | | | Υ | Z | Food? (Y/N) |
| | | | | | | | | | N | Was a Family Member Included? (Y/N) |
| | | | | | | | | 2 Days | | Number of days not at sponsor's expense |

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SCHEDULE VIII—POSITIONS

Name John N. BODZWAY

Page —— of ——

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 organiorganization, or any educational or other institution other than the United States.

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