- No. 10	child because Yes	sections, or liabilities of a spouse or dependent child because with the Committee on Ethics.	rincome, tran	EXEMPTION -Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spo they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No No	sclosed. Have you Yes	d certain other "excepted trusts" need not be dis ਜ਼ੀਹ?	on Ethics and dependent ch	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS)F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the s" response.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part appropriate schedule attach	₹ ⊠	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.
™ No	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	IV. Did you, your spouse, or a dependent child punchase, sell, or sechange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and situch Schedule IV.
Yes No No	_	VIII. Did you hold any reportable positions on or before the date of illing in the current calendar year? If yes, complete and attach Schedute VIII.	₹	III. 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? Wes, complete end strach Schedule III.
No No	d receive any in the reporting Yes e)?	VII. Did you, your spouse, or a dependent child receive any reportable fravel or reimbursaments for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	<i>₹</i> ⊠	II. Did any individual or organization make a donetion to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
™ X	gregating more Yes	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 example)? If yes, complete and attach Schedule VI.	N _S	I. Did you or your spouse have "earned" income (e.g., sellaries or isses) of \$200 or more from any source in the reporting period? Yes Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
ho files more that	against anyone who files more than 30 days late.	Termination Date:		
hall be assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or	Status Member of the U.S. State: NCU YOYK Status District OS
(Offico Use Only)	HAND DEL	70,000		1
U.S. KOUSE OF BUT KOSEKTATIVES	U.S. ACCES CARR	Davtime Telephone: ケンフス へんパ	Davtime -	Name: Louise M Slavesto
2011 MAY 13 PM 1: 00	2011 MAY 13	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
LEGISLATIVE RESOURCE CENTER	LEGISLATIVE RI	Eova A		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I—EARNED INCOME

Nume Louise M. Slaughter Page 2

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.

Examples: Civil War Roundtable (Oct. 2nd) Ontano County Board of Education	Approved leading Fea Legislative Pansion Spouse Speech Spouse Salary
NY STATE &- STUDISH REMSIAN	Legislative bersian

Dividends, interest, and capital gains, exceeding	shecking the appropriate box below.	he "Nonc" column. For all other assets,	as 401(k) plans or FRAs), you may check	ou to choose specific investments or had remarks to the following the company of	For retirement accounts, that do not allow	Amount of Income	BLOCK D	
exceeding	exchanges (E)	sales (S), or	gurchasos (P),	asset hed	Indicate if the	Transaction	BLOCK #	

as income. Check "None" if no Income even if reinvested, must be discipeed was earned or generated. \$1,000 in

COLUMN

year and is included only because it

if an asset was sold during the reporting

generated income, the value should be

None.

please specify the method used. method other than fair market value, reporting year. If you use a valuation

That generate tax-deferred income (sruch as 401(k) phans or IRAs), you 16, Ħ

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portion of an If only a

Ses below for

(S) (partial)

example.

as follows: please indicate eased is sold,

if the asset generated no income dur-Dividends, interest, and capital disclosed as income. Check "Norsi gaine, even if reinvested, must be may check the "None" ing the reporting perior DIVIDENDS INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Purinership Income or Farm Proome)

that is not publicly traded, state the name of the busi

For an ownership interest in a privately-hald husiness

tion in Block A.

ing \$5,000 or less in a personal checking or saving

nabine during the reporting periodic any decosits total comes and vacation homes (unless there was rent Exclude: Your personal residence, including second less, the nature of its activities, and its geographic local

spoosints; and any financial interest in, or income derived from, a federal refinement program, including the Thriff

For rental or other real property held for investment, provide a complete address.

etus at the and of the reporting period

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ent accounts which are not saff-directed, provide only e name of the institution holding the account and he

mol uwa Edier symbola.)

Provide complete rismes of stocks and invited funds (do

more than \$200 in "unearned" income during the year. reportable asset or sources of income which gamerated

the power, even if not exempleed to select the specific For all IRA's and other retirement plans (such as 4016)

rivostorents), provide tits valus for each asset held in the dena) that are saff-directed (i.e., plans in which you have

account that exceeds the reports

ng shreshokts. For relies-

the end of the reporting period, and

(b) any other

Indicate value of asset at

69000

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retirement accounts that do not allow

you to choose specific investments <u>or</u>

of income vidth a ligir market value exceeding \$1,000 at

Identify (a) each asset held for investment or production

Asset and/or Income Source BLOCK A

if you so choose, you may inclicate that an asset or increase sounce is that of your spouse (SP) or dependent child (DC), or is jointly hald with your spouse (JT), in the None \$1 - \$1,000

\$1,001 - \$15,000

\$15,801 - \$50,000

\$50,001 ~ \$100,000

\$250,001 - \$600,000

\$560,001 × \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000:001 - \$25,000,000

Over \$50,000,000

NONE

RENT

None

31 - \$200

3201 - \$1,000

\$1,004 - \$2,500 \$2,501 - \$5,000

85,001,-315,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

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(partial)

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

or, to m

\$25,000,001 - \$50,000,000

For a detailed discussion of Schedule III requirements please refer to the instruction bookler optional column on the far left.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Confessioner Process Complete Co SOVIMBY + Smucker, In a hately Grown & Tal Fidelity Independence (HIP) Asset and/or income Source ride its Magellont & ح مدسوات the Seneral est che Line welling Grotine onguard Graving Growth +Tue Sorings Loan BLOCK A Fad Credit Vincon (1829) 3 (199) <u>-</u> 199 > None . 51 - \$1,000 O \$1,001 - \$15,000 D \$15,004 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B T Ŕ, × \$100,001 **~ \$250**,000 O \$250,001 - \$500,000 Ŧ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ___ \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ᄎ Over \$50,000,000 NONE DIVIDENDS RENT \times \times INTERÉST of income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None × . . -\$1 - \$200. Amount of Income ¥ \$201 - \$1,000 ₹ \$1,001 - \$2,500 < BLOCK D \$2,501 - 85,000 ≤ \$5,001, - \$15,000 · · <u>VIIVII</u> \$15,001 - \$60,000 \$50,001 - \$100,000 × \$190,001 - \$1,000,000 × 81,000,001 - \$5,000,000 ᆇ Over \$5,000,000 Transaction Signal (port している BLOCKE ரை வ

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SCHEDULE IV— TRANSACTIONS

Name Louise M. Slaughter

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