Name:

Ludmya

In all sections, please type or print clearly in blue or black ink.

New officer or employee

Employing Office:

more than 30 days late.

Candidate for the House of Representatives

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Each question in this part must be answered and the appropriate sched	 Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III. 	II. 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 II.	 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.
answered	Yes ⊠	Yes 🖂	Yes 🔀
l and the a	N o	8	8
appropriate schedule attached for each "Yes" response.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.
response.	Yes	68 □	Yes 🔀
	N ₀ ⊠	§	N _S

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

№	Yes 🗌	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
» ⊠	Yes	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 a dependent child?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name LUDINJa (4/1a) B. 104e

Page 2 잋

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.

					٠.		Xactuare Solutions, Orem, UT	Lehi City Corp. Lehi, Ut	City of Sovertoga Springs, Sovertoge Springs of	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	_	XYZ Corporation, Houston, TX	Course (include date of receipt for individual)	SOURCE (include date of receipt for honorarie)	
			20 20 20 20 20 20 20 20 20 20 20 20 20 2				Spoon Se Salvi	Wase	Salard	Spouse Salary	Honorarium	Director's Fee	Salary	1 y po	Type	
							120, 830.68 130, 33,	1,300	10,500	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
 ·							130,331	1,337	9, 300	NA	\$1,000	\$ 3,200	\$28,450	Preceding Year	wnt	

Dimeiple 40(K)	Etrade Brokrage	Chase Rank Savaras		SP, SP Mega Corp. Stock DC. Examples: Simon & Schuster	provide a complete address. 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 personal checking or savings accounts; and any financial interest in, or income derived from, a federal 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 (SP) 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.	account and its value at the end of the reporting period. For rental or other real property held for investment,	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
×	X	X	×	Indefinite	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 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	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."
	*:	X	×	X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
× ×	X	×	×	*	None	Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if no income was earned or generated.

SCHEDULE III — LIABILITIES

Name Ludnya B. (Ma) Love Page 4 of

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

J D SP,					
Creditor	Example: First Bank of Wilmington, DE	Direct Louis			
Date Liability Incurred mo/year	May 1998	May 1997			
Type of Liability	Mortgage on 123 Main Street, Dover, DE	my 1997 Student Loan			
\$10,001 \$15,000					
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SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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); and positions solely of an honorary nature

and positions solory or an isotorary hardre.	CALCIT.
Position	Name of Organization
Mayor	City of Snaked Sinks
THINKS In Shocky	12 hi City Coro
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Use additional sheets if more space is required.