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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedule	III. 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 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.	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.	
answered	Yes X	Yes	Yes X	
and the	8 □	8 □	N _S	
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 yea, complete and attach Schedule IV.	
response.	Yes	Yes X	Yes X	
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No X	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 Richard Quin Edmonson Hillyer

Page 2___ of 8

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.

	F - 2		
Source (include date of receipt for honoraria)	Type	Amount	unt
The state of the s	1760	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$40 0	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
American Spectator, Arlington, VA	non-employee compensation	5,200	12,250
Center for Individual Freedom, Alexandria, VA	non-employee compensation	25,000	49,999
Media General, Richmond, VA	non-employee compensation	5,100	2,100
National Review, NY, NY	non-employee compensation	0	615
Pacific Research Institute for Public Policy, San Francisco, CA	non-employee compensation	0	11,600
Weekly Standard, LLC Washington, DC	non-employee compensation	0	1,307
Mobile Register, Mobile, AL	non-employee compensation	175	450
University of Mobile, Mobile, AL	salary	13,333	19,349
OHC, Mobile AL	spouse salary	NA	NA
The Potomack Company, Alexandria, VA	spouse salary	NA ,	NA

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- <u>+</u>	-S-	H	_	þ.	sold 8/2/13 Rental House, Alexandria, VA		Examples:		normes and vacation nomes (ursess mere was rental income during the reporting period); any deposits total-larg \$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 Thritt 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 lar left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly tracled, state the name of the business, the nature of its activities, and its geographic beation in Rinck A	For rental or other real property held for investment, provide a complete address or a description, e.g., "renual property," and the city and state.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each assel 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.	Asset and/or Income Source	
-Washington Mutual Investors	-Smallcap World Fund	Euro Pacific Growth Fund	American Funds 401 (k) (see below)	OHC, Mobile, AL- hardwood lumber sales	tal				a waching the house wing awing the house of	ÒĽ,	enshi public natur	or of	s and ide t		each with a f the asset \$200	et a	
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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

SP Sp 8 SP Ξ. Asset and/or income Source -American Euro Pacific Growth Fidelity Investment Account Invesco Constellation Invesco Charter DeMaster Blenders -Hanes Brands -Chevron Corp -Hillshire Brands -Microsoft Corp -J.P. Morgan Chase -Iberia Bank Corp -Pfizer Inc. -Southern Company Fidelity IRA BLOCK A None \$1 - \$1,000 $\boldsymbol{\varpi}$ × × × X × X \$1,001 - \$15,000 O X × 0 × \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 TI BLOCK B \$100,001 - \$250,000 ດ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* NONE × × × $\overline{\mathsf{x}}$ × X × DIVIDENDS × Type of income RENT INTEREST BLOCK C X **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED X × × Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) X × × × None × \$1 - \$200 × × X \$201 -- \$1,000 × × \$1,001 -- \$2,500 **Current Year** \$2,501 - \$5,000 XI VIII VIII IX \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 × BLOCK D × Spouse/DC Income over \$1,000,000* X × None × × \$1 - \$200 × \$201 - \$1,000 × × Preceding Year \$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*

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Name Richard Quin Edmonson Hillyer

Page 5 of 8

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Richard Quin Edmonson Hillyer

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Continuation Sheet (if needed)

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	John Hancock variable life insurance policy #2	John Hancock variable life insurance policy #1	insurance policy)	T. Lee Robinson Children's Trust (holds John Hancock variable life	Georgetown Investments LLC Real Estate, Washington, DC	John Hancock Global Leaders	Charles Schwab- ALG Resources	Hancock Bank- Money Market Account	Capitol One- Money Market Account	Wells Fargo-Savings Account	The Fallback Fund, Mobile, AL- (Real Estate)		Asset and/or income Source	BLOCK A
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	×	X		X	×	×	X	X	X	X	X	None — \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	Amount of Income	вгоск о
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SCHEDULE III - LIABILITIES

Name Richard Quin Edmonson Hillyer Page 7 of 8

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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sib-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

SP, Creditor Date Liability Type of	J C. SP.					
Norigage on 123 Main Street, Dover, DE S10,001— S15,000 S250,000 F S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000 C S250,000,000 C S250,0		Example: First Bank of Wilmington, DE				
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SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 nonorary nature.	ature:
Position	Name of Organization
Board Member(uncompensated)	Board Member(uncompensated) Prichard Preparatory School, Prichard, AL

SCHEDULE V — AGREEMENTS

Name Richard Quin Edmonson Hillyer

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Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Dutles
	Accounting services

GPO: 2013

78-995 (mac)