| \$<br>X               | endent child Yes   | "unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.                                     | arned" income<br>ss you have fire | <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the                           |
|-----------------------|--|--|-----------------------------------|---|
| <b>8</b>              | t be Yes   | s and certain other "excepted trusts" need not be spouse, or a dependent child?  | ittee on Ethics<br>ling you, your | <b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t<br>disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? |
| Ø                     | ANSWER EACH OF THESE QUESTIONS   | .1   | T INFORM                          | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION  |
|                       | dule attached for each "Yes" response.   | ppropriate schedule attached for e   | and the a                         | Each question in this part must be answered and the appropriate sche  |
| <u>8</u>              | 5,000 from Yes   | 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.                                      | 8<br>⊠                            | III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes  |
| <u>\$</u>             | ingement Yes   | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.  | S<br>N                            | 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?  Yes X   |
| 8                     | Yes  | IV. Did you hold any reportable positions on or before the date<br>of filing in the current calendar year or in the prior two years?<br>If yes, complete and attach Schedule IV. | No U                              | 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?  Yes X  |
| ,                     |  | E QUESTIONS  | OF THESI                          | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS  |
|                       |  |  |                                   | In all sactions, please type or print clearly in blue or black ink.   |
| assessed<br>who files | A \$200 penalty shall be assessed against any individual who files more than 30 days late. | Check if Amendment   | Date of Election:                 | Filer Candidate for the State: Florida House of Representatives District: Orsi 2  New officer or Employing Office:  |
| SENTATIVES            | U.S. KONDELON BERNESENTATIVES  |  |                                   |   |
| PM 1: 05              | LEGISLATIVE RESOURCE CENTER  1012 JAN -5 PM 1: 05  | Daytime Telephone:   | Daytime '                         | Name: Leonard Lee Benby   |
|                       | NSIDE MAL  | <b>FORM B</b> For use by candidates and new employees  | 71                                | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - Register 3 1 2011   |

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

| Name    |
|---------|
| Leonard |
| Bember  |

Page / of /

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.

| Course (include date of receipt for benearie)         | Type                 | Amount                 | unt            |
|---|----------------------|------------------------|----------------|
| Ocales (include date of lecely, to Indicate)          | · Jbo                | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX                          | Salary               | \$6,300                | \$28,450       |
| T   | Director's Fee       | \$400                  | \$3,200        |
| XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium           | 0                      | \$1,000        |
| Harris County, Texas Public Schools                   | Spouse Salary        | NA                     | NA             |
| CMH Homes Tollahusee, FL.                             | General Many a Story | -0-                    | 15.040.        |
| STATE OF House Tollohusson, PC                        | SAMEY                | 25,200                 | 30,243         |
| US Postal Retirement                                  | wife's ReTiment      | NA                     | N/A            |
| Fidelity Investments (401-K)                          | 401-K                | -01                    | 50,767         |
| Edward Jones &.                                       | IRA                  | \$132000               | 50025          |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      |                        |                |
|   |                      | -                      |                |
|   |                      |                        |                |
|   |                      |                        |                |

| 90 Ac Farm Grefin | 2 ac 10T & Mobile Home 14 | 565 AC FAVA GOL. | Floriba Retirary System | IRA Education Co | Fidelity Investments Gold | JT 1st Bank of Paducah, KY accounts | Examples:  | SP, SP Mega Corp. Stock | 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 tederal 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. | provide a complete address. | account and its value at the end of the reporting period. | 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, in the income of the institution bodding the provide only the name of the institution bodding the |
|-------------------|---------------------------|------------------|-------------------------|------------------|---------------------------|-------------------------------------|------------|-------------------------|---|-----------------------------|---|--|
| ×                 | ×                         | ×                | ×                       | ×                | ×                         | ×                                   | Indefinite | ×                       | None<br>\$1 - \$1,000<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>\$5,000,001 - \$25,000,000<br>\$25,000,001 - \$50,000,000<br>\$25,000,001 - \$50,000,000  |                             | ABCDEFGHIJKL  | 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."   |
| ×                 | ×                         | ×                | ×                       | ~                |                           | ×                                   | Royalties  | ×                       | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income   | ne)                         |   | BLOCK C  Type of Income  Check all columns that apply. 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. 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                         |                                     | 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 II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Leonard Bembry

Page 2 of 2

|  |  |  |  |  |    |                         |                        |                   | SP,<br>DC  |                            |         |
|--|--|--|--|--|----|-------------------------|------------------------|-------------------|--|----------------------------|---------|
|  |  |  |  |  |    | Realist House Gerenilla | to Enteres to Commente | 60 Ac Farm Jasper |  | Asset and/or Income Source | BLOCK A |
|  |  |  |  |  |    | ×                       | ×                      | X                 | None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$1,000,000  \$1000,001 - \$5,000,000  \$500,001 - \$1,000,000  \$5,000,001 - \$5,000,000  \$5,000,001 - \$5,000,000  \$25,000,001 - \$50,000,000 | Value of Asset             | BLOCK B |
|  |  |  |  |  | 24 | ×                       | ×                      | ×                 | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)   | Type of Income             | BLOCK C |
|  |  |  |  |  |    | ×                       | ×                      | X                 | None   | Amount of Income           | вгоск в |
|  |  |  |  |  |    | ×                       | ×                      | *                 | None   | of Income                  | CK D    |

This page may be copied if more space is required.

#### SCHEDULE III — LIABILITIES

Name Leonard Benhry Page 1 of 1

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

| — ~  |          |     |  | SP,<br>DC,<br>JT                         |
|------|----------|-----|--|--|
|      |          | W/W | Example: First Bank of Wilmington, DE  | Creditor                                 |
|      |          |     | May 1998                               | Date<br>Liability<br>Incurred<br>mo/year |
|      |          |     | Mortgage on 123 Main Street, Dover, DE | Type of Liability                        |
|      |          |     |  | \$10,001—<br>\$15,000                    |
|      |          |     |  | \$15,001—<br>\$50,000                    |
|      | <br>···· |     |  | \$50,001—<br>\$100,000                   |
|      |          |     | ×                                      | \$100,001— D<br>\$250,000 D              |
|      |          |     |  | \$250,001— m nt of \$500,001— T          |
|      |          |     |  | \$1,000,000                              |
|      |          |     |  | \$5,000,001—                             |
|      |          |     |  | \$25,000,000 <b>T</b>                    |
| <br> |          |     |  | \$50,000,000                             |
|      | <br>     |     |  | \$50,000,000                             |

#### SCHEDULE IV — POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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-

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 a political party or campaign organization);

| _ | and positions solety of an ilonorary flatore.  | latione.                           |
|---|--|------------------------------------|
|   | Position   | Name of Organization               |
|   | g with   | Court for Company of Man Alexandry |
|   | The state of the s |                                    |
|   | State Representative   | Florida House of Representatives   |
|   |  |                                    |
|   |  |                                    |

### SCHEDULE V -- AGREEMENTS

| Page of | me  |  |
|---------|-----|--|
| Page of |     |  |
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| of _    | age |  |
| of _    |     |  |
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|         |     |  |

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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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

|  |  |  | Date Parties To Terms of Agreeme |  |
|--|--|--|----------------------------------|--|
|  |  |  | 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 1.

| Source (Name and Address)                       | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services         |
| 4/W   |                             |
|   |                             |
|   |                             |
|   |                             |
|   |                             |
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|   |                             |