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	iid nics. Yes No 🗸	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.	s, "unearned" in o not answer "ye	Exemptions— Have you excluded from this report any other assets because they meet all three tests for exemption? Details the property of the p	ش
	Yes 🗌 No 🔀	Details regarding "Qualified Bilnd 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?	l by the Committ	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	,T
•	STIONS	TION ANSWER EACH OF THESE QUE	T INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXC
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes 🗸 No 🗆	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes	(a) ₽
		If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	- 3
	utside Yes 🗌 No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity ${\cal R}$	Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Ye.	₹ 2 £
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	=
	ng in the Yes ✓ No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🕢 No	DIG you, your spouse, or a dependent child receive "unearmed" income or more than \$200 in the reporting period or hold any reportable asset worth Ye, more than \$1,000 at the end of the period?	3 3 5
		If yes, complete and attach Schedule VII.		ff yes, complete and attach Schedule II.	2 =
	e travel or an \$335 Yes No 🗹	VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	No C	you for a speech, appearance, or article in the reporting period? Yes	:= % §
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	. =
	egift in herwise Yes I No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes □ No 【	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Ye	- 역 및
• 1		UESTIONS	F THESE G	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRE
	more than 30 days late.	Termination Date:	☐ Termination	Report Type Annual (May 15) □ Amendment	R J.e
	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee		Filer Member of the U.S. State: NE House of Representatives District: 03	Sta
Z	(Office Use Only)	(Daytime Telephone)	-	(Full Name)	
	HAND DELIVERED	5.5 202-225-6435 HAN		Adrian Michael Smith	
5	11 MAY 13 PM 12: 41	FORM A Page 1 of 5 For use by Members, officers, and employees 2011 MAY 13 PM [2: 4]	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	CAL

State Farm Roth IRA -State Farm Mutual Funds International Index	State Farm Roth IRA -State Farm Mutual Funds Bond Funds	Nebraska Teacher Retirement Lincoln, Ne	My Other Garage (Mini-Storage Business) Gering, NE	Geneva State Bank (CD) (*savings only) (Geneva, NE)	Congressional Credit Union (Washington, DC)	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address.	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 "unearmed" 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 account and its value at the end of the reporting period.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$100,001 - \$250,000	\$50,001 - \$100,000	\$1,001 - \$15,000				Year-End Year-End 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 and is included only because it is generated income, the value should be "None."	IE Name Adrian Michael Smith
DIVIDENDS	DIVIDENDS	INTEREST	RENT	INTEREST	INTEREST			period.	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	ichael Smith
\$201 - \$1,000	\$201 - \$1,000	\$1 - \$200	\$15,001 - \$50,000	\$201 - \$1,000	\$1 - \$200		,	Q	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.	
						·			BLOCK E Transaction. Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Page 2 of 5

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Adrian Michael Smith	Michael Smith		Page 3 of 5
State Farm Roth IRA -State Farm Mutual Funds Large Cap Index	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
State Farm Roth IRA -State Farm Mutual Funds Small Cap Index	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
State Farm TSA Bloomington,	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Universal Life Insurance	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Vacant Lot Ogallala, NE (1/3 interest)	\$15,001 - \$50,000	None	NONE	
Valley Bank and Trust (Scottsbluff, NE)	\$1,001 - \$15,000	None	NONE	
Western Nebraska Heritage Credit Union (Scottsbluff, NE)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name Adrian Michael Smith

Page 4 of 5

amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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. 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

Valley Bank and Trust (Gering, NE)	SP, DC, JT Creditor
09-23-2004	Date Liability Incurred
real estate investment (My Other Garage)	Type of Liability
\$15,001 - \$50,000	Amount of Liability

SCHEDULE VIII - POSITIONS

Name Adrian Michael Smith

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honorary nature; and positions listed on Schedule I. educational or other Institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any

Position	Name of Organization
Board Member	Leadership Institute's Congressional Advisory Board
Board Member	Nebraska State Historical Society Foundation
Board Member	ThankUSA's Congressional Advisory Board