the onse.	wered and Yes" respo	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No 🔲	Yes X	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.] কু ≲
No X	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	No X	Yes	 IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. 	동의얼
No	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	8	Yes	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? If yes, complete and attach Schedule III.	[ਜ਼ੁਰੂ ਡੁ ≡
ĕ ⊠	Yes	d receive any in the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	№	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	∓॒ढ ≅ ≔
No X	Yes	d receive any regating more	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 exempt)? If yes, complete and attach Schedule VI.	N _N	Yes	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.	= of −
			SE QUESTIONS	OF THES	EACH	RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	R
es more	one who fill late.	against anyone who files more than 30 days late.	Termination Date:	Cliployee	Amendment	Annual (May 17, 2010)	
ssessed	ty shall be a	A \$200 penalty shall be assessed	or Employing Office:	Officer or			
7	(Office Use Only)	(Offic					
<u>`</u>	ः : :	2011 1171 27 67 1:33	Daytime Telephone: പ്യം 6പ്പുമ	Daytime		Name: Frank Michael Kratovil, Tr.	Z
-	1 V						

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 Standards of Official Conduct. **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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? Yes Yes <u>₹</u> No X

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

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Page 2 of 5

SCHEDULE I — EARNED INCOME

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.

								Inspired Events, LLC	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	Keene State	Source
							Dutribution of LLC Edmines	Sourc Income	Spouse Salary	Spouse Speech	Approved leaching Fee	Туре
						Ç	nioss	\$16,333-	NA	\$1,000	\$6,000	Amount

BLOCK A BLOCK B

Asset and/or income Source

Block A. For additional information, see of its activities, and its geographic location account and its value at the end of the reporting each asset in the account that exceeds the provide the value and income information on plans (such as 401(k) plans) that are self directed income during the year. For rental property or land, provide a complete address. Provide full which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or proinstruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly not self-directed, name the institution holding the reporting threshold. For retirement plans that are not exercised, to select the specific investments), (i.e., plans in which you have the power, even if licker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use ➣

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Government retirement programs. cial interest in or income derived from U.S parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by less in personal savings accounts; and any finanyour spouse, or by you or your spouse's child, Exclude: Your personal residence(s) (unless

or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 -- \$250,000

\$250,001 - \$500,000

\$1,000,001 -

NONE

RENT

DIVIDENDS

INTEREST

CAPITAL GAINS

Over \$50,000,000

\$500,001 - \$1,000,000

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

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

EXCEPTED/BLIND TRUST

Other Type of Income

ŞP,

SP

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

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R_O

1st Bank of Paducah, KY Accounts

δP

Lincoln Nationa

40366

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×

VALIC: Tax-Deterred Composit

OC Educational Sayings Acount

Educational Savings Account Callege Sawrys Plan of MD:

College Jamas plan of All -

Jawnsi Acaum

C-Hege sawings Plan of MD:

DC Educational Javings

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Callege Sayings Plan of MU

Value of Asset

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

"None." generated income, the value should be year and is included only because it If an asset was sold during the reporting

ate any income during calend

Type of Income BLOCK C

Check "None" if asset did no vested, should be listed as Dividends and interest, ever all other assets *including a* investments, you may write "I not allow you to choose retirement plans or accounts Check all columns that ap ing the appropriate box indicate the type of income by

BLOCK D

 reporting year.	
 \$1,000 in	
 exceeding	if no income was earned in
 exchanges (E)	nd interest, even if rein-
 sales (S), or	category of income by
 purchases (P),	assets, including all IRAs,
asset had	to choose specific invest-
Indicate if the	t plans or accounts that do
Iransaction	ount of Income

							yalties		(Specify: For Example, P	artnership Income or F	arm Income)	pply. For state do specific NA." For sell IRAs, leck-below. In income. It generat general dar year.
不	メ	×	×	×	×	T			None			역 우 수 모 을 하면 되었다.
									\$1 - \$200		=	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
									\$201 – \$1,000		=	winds you oth oth 'No erat
								×	\$1,001 - \$2,500		2	Amount of Income irement plans or accounts by you to choose specific you may write "NA" for i other assets, including a e the category of incong the appropriate box nds and interest, even l, should be listed as in "None" if no income was erated.
									\$2,501 - \$5,000		<	plans to chu ay wr ssets, categ appr d intro d be if no
						×			\$5,001 - \$15,000		≤	unt of Inco plans or acco plans or acco to choose spe ay write "NA" ssets, <i>includi</i> category of appropriate d interest, e ld be listed if no income
									\$15,001 - \$50,000		≦	of Inco
									\$50,001 - \$100,000		¥	ccounts specific spec
							×		\$100,001 - \$1,000,00	00	×	DIME Junts that do ecific invest- for income, ing all IRAs, income by box below, ven if reinas income, was earned
				ŀ					\$1,000,001 - \$5,000,	000	×	s that do c incomest-income. If reincome. s earned
									Over \$5,000,000		×	do line.
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S (partial)	m ÇO, m	please indicate as follows: (S) (partial) See below for example.	If only a portion of an asset is sold,	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frank M. Kratovil JR.

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	NONE X DIVIDENDS RENT	NONE X DIVIDENDS RENT	NONE X DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income
\$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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000
	Over \$50,000,000 NONE DIVIDENDS RENT	Over \$50,000,000 NONE NONE X DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	Over \$50,000,000

This page may be copied if more space is required.

SCHEDULE V- LIABILITIES

Name Frank U. Kractovil JE.

Page 5_of 5

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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

			4		JT ,C,	,	
		C C	Sunfinst Martagge Co.	Example: First Bank of Wilmington, Delaware	Creditor		
		-	Unit #2, Ocean City, MD 21842	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	8	
ļ			ļ		\$15,001- \$50,000	ဂ	
				<u> </u>	\$50,001- \$100,000	D	
			×	×	\$100,001- \$250,000	П	Amou
				L	\$250,001- \$500,000	***	nt of
					\$500,001- \$1,000,000	ດ	Amount of Liability
		_	ļ		\$1,000,001- \$5,000,000	I	4
					\$5,000,001- \$25,000,000 \$25,000,001-	_	
				_	\$50,000,000 Over	ľ	
					\$50,000,000	*	

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	_			
			Example:	
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description
# # # # # # # # # # # # # # # # # # #			\$345	Value