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| KATHLOEN |
| DAHLKOMPER |

Page 2 of 9

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.

| Source | Туре | Amount |
|---|-----------------------|------------------------|
| | Approved Teaching Fee | \$6,000 |
| Examples: State of Maryland | Legislative Pension | \$9,000 |
| | Spouse Speech | \$1,000 |
| DAHLKEMPER LANDSLAPE ARCHITECTS & CONTRACTORS | SABUSE SALARY | NA |
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| | | of any other sections. |
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| Page 3 of 4 |

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

| Source Association of American Associations, Washington, DC Examples: XYZ Magazine | Activity Speech | Date Feb. 2, 2009 Aug. 13, 2009 | Amount \$2,000 \$500 |
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| St.0001 | | Aases | 66 STD | MSD NURCHOUSE RD, ERIE | FABLIN EQUITY INGLICA | FIDELITY COUNTY INTO HE | | Examples: | SP SP | ovide the value and incurred information of ovide the sach asset in the account that exceeds the porting threshold. For retirement plans that are porting threshold. For retirement plans that are of self-directed, name the institution holding the count and its value at the end of the reporting eriod. For an active business that is not publicly added, state the name of the business, the nature it is activities, and its geographic location in lock A. For additional information, see the istruction booklet. **Exclude:** Your personal residence(s) (unlessiere is rental income); any debt owed to you by our spouse, or by you or your spouse's child, arent, or sibling; any deposits totalling \$5,000 or is in personal savings accounts; and any finantal interest in or income derived from U.S. tovernment retirement programs. You so choose, you may indicate that an asset or income source is that of your spouse (SP) or ependent child (DC) or is jointly held (JT), in the potional column on the far left. | BLOCK A Asset and/or Income Source lentity (a) each asset held for investment or pro- uction of income with a fair market value xceeding \$1,000 at the end of the reporting peri- d, and (b) any other asset or sources of income hich generated more than \$200 in "unearned" come during the year. For rental property or rind, provide a complete address. Provide full ames of stocks and mutual funds (do not use there symbols). For all IRAs and other retirement lans (such as 401(k) plans) that are self directed e., plans in which you have the power, even if of exercised, to select the specific investments). |
| NONE Solutions None No | | | | | | | | | | None | ye ≠ para n |
| NONE Solutions None No | | | | | | | | Σ | | \$1 - \$1,000 w | dica port ethor eass eass eass eass |
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| NONE Solutions None No | | | | | | | | | | \$1,000,001 - \$5,000,000 | t at carried and a varke issection is being the street of |
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| Over \$5,000,000 = | <u>*</u> | × | | <u> </u> | <u> </u> | × | L | <u> </u> | × | · <u>·····················</u> ·············· | ent pour transport as ma and and ould |
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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SCHEDULE IV - TRANSACTIONS

Name KATHLEEN DAHLKEMPER

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|---------|---|---|------|---|---|----------|------|----------|--------------------------------|-----------------------|---------------------------------|----------------------------------|---------------------|------------------|---|--|---|
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| L | - | | | | | | | <u> </u> | \times | × | × | × | × | | SALE | | Type of Transaction |
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| | | | | | | | | | 1 | 7 | 1 | 1 | | | Check Box if Gain Exceede | Capital ed \$200 |) |
| | | | | | | | | | 12-31-10 | 12-31-10 | 8-17-10 | 8-16-10 | 10-12-09 | | Quarterly, Monthly, or Bi-weekly, if applicable | (MO/DAY/YR) | Date |
| | | | | | - | | | | X | × | × | × | | | \$1,001- \$15,000 | | |
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SCHEDULE V— LIABILITIES

Name KATHLEEL

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 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

| | | | | | ≱ | Amount of Liability | 와 Liag | ¥ | | | |
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| JT C | Creditor | Type of Liability | \$10,001- \$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 | \$5,000,001- \$25,000,000 | \$25,000,001 \$50,000,000 | Over \$50,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | × | | | | | | |
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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.

| - | Source | Description |
|---------------|---|--|
| _ | Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) |
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

a spouse or dependent child that is totally independent of his or her relationship to you. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

| Source | Date(s) | City of Departure—Destination— City of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) |
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SCHEDULE VIII—POSITIONS

Name KATHLEEN DAHLKENACK Page 2 of 2

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); 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 political parties and campaign organi-

| Position | Nowe | | | |
|----------------------|------|--|--|--|
| Name of Organization | | | | |
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SCHEDULE IX—AGREEMENTS

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

| Date | Parties To |
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