| Name |
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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 | Type | Amount |
|---|-----------------------|---------|
| i | Approved Teaching Fee | \$6,000 |
| State of Maryland | Legislative Pension | \$9,000 |
| EXamples: Civil War Roundtable (Oct. 2nd) | Spouse Speech | \$1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| NEW YORK STATE RETILEMENT FENSION | Slove Keysion | 19 000 |
| New YORK STATE RETILEMENT PENSION | FENSION | 139 000 |
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| झ | # | 7 | ĴΤ | DC, | S | tion the hold income according child option options | than Tou | Pro Plan | not Pro | mep of i | - | ٦ |
|----------------------|---------------------------|------------|----|------------|---------------------|--|--|--|--|--|----------------------------|-----------------|
| Assour Fenera Suides | NASSAN Co. CRESPIT Vision | CHASE BLAK | | | SP Mega Corp. Stock | Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal 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. | 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 the product of the state of the stat | For all IRAs and other retirement plans (such as 4U1(x) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. | | 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. | Asset and/or Income Source | BLOCK A BLOCK B |
| × | × | × | × | Indefinite | × | None \$1 - \$1,000 \$1,001 - \$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 - \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* | A B C C C C C C C C C C C C C C C C C C | * This column is for assets held solely by your spouse or dependent child. | If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." | 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. | Value of Asset | BLOCK B |
| × | × | × | × | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income | | income. Check "None" if the asset generated no income during the reporting period. | IRAs), you may ch Deferred" column. Driest, and capital gain | Check retirem allow y ments income | Type of Income | BLOCK C |
| X | ~ | × | × | | × | None \$1 - \$200 \$201 - \$1,000 \$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* | 1 | * This column is for income generated by assets held solely by your spouse or dependent child. | | For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest , | Amount of Income | BLOCK D |
| ļ | | | | | S (partial) | | an asset is sold, please indicate as | If only a | \$1,000 in reporting year. | asset had purchases (P), sales (S), or exchanges (E) exceeding | Transaction | BLOCK E |

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close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. are personally liable); 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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

| | | | 1 | | SP, DC, | |
|---|--|---------------------|------------------------------------|-------------------------------------|---|---------------------|
| | | | puc h | Example: | | |
| | | | PAC PO TON 1820 PATION OF | First Bank of Wilmington, DE | Creditor | |
| | | | 2001 | May 1998 | Liability Incurred Mo/Year | Date |
| | | NW +811 17.C. 20037 | 2001 Houseuse at 2475 Vicesion Ass | Mortgage on 123 Main St., Dover, DE | Type of Liability | |
| | | | | | \$10,001- \$15,000 | |
| | | | | | \$15,001- \$50,000 | |
| | | | | | \$50,001- \$100,000 | |
| | | | X | × | \$100,001- \$250,000 | ≥ |
| | | | | | \$250,001- \$500,000 m | I Dan |
| | | | | | \$500,001- \$1,000,000 | ğ |
| | | | _ | | \$1,000,001- \$5,000,000 | Amount of Liability |
| L | | | <u> </u> | _ | \$5,000,001- \$25,000,000 = | |
| | | | | _ | \$25,000,001- \$50,000,000 | |
| | | <u> </u> | <u> </u> | | Over \$50,000,000 — Spouse/DC Liability | - |
| | | | | <u> </u> | Over \$1,000,000* | <u> </u> |

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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 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.

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|-----------------|--|-------------|---|-------------|--|
| 7.000 | To the second se | | Example: Mr. Joseph H. Smith, Anytown, Anystate | Source | |
| | | | Silver Platter (determination on personal friendship received from Committee on Ethics) | Description | |
| | 1 | | \$375 | Value | |

SCHEDULE VIII—POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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 nonprofit organization, any labor

tions); 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 organiza-

| | BONCH MENBER | Boney MENDER | Position | |
|--|---|---|----------------------|--|
| | Boxes of Visitors US MELLANT MALINE FRANCH! | Notre PAME LAN ASSOCIATION/ALMIN ASSOC. OF NOTE PAME LAN SCREEL | Name of Organization | |

SCHEDULE IX—AGREEMENTS

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 Agreement | |
|------------------------------------|--------------------|
| | Terms of Agreement |
| | |
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