<u>×</u>	<b>ĕ</b>	child because nduct.	nsactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran	EXEMPTION—Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
<u>₹</u>	<b>8</b> □	d trusts" need not	s of Official Conduct and certain other "excepted spouse, or dependent child?	s on Standard ng you, your s	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?
NS	DESTION	)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the conse.	wered and 'Yes" resp	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<b>₹</b>	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.
₹	<b>1 1 1 1 1 1 1 1 1 1</b>	arrangement	IX. Did you have any reportable agreement or a with an outside entity? If yes, complete and attach Schedule IX.	<b>※</b> 区	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 yea, complete and attach Schedule IV.
<b>₹</b>	ž Š	or before the date	portable positions on endar year? tach Schedule VIII.	S <sub>S</sub>	III. Did you, your spouse, or a dependent child receive "uneamed" 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.
₹   <u>X</u>		d receive any n 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.	<b>₹</b>	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.
₹	<b>6</b>	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 strach Schedule VI.	<b>₹</b>	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 THES	PRELIMINARY INFORMATION ANSWER EACH OF THESE
	late.	than 30 days late	Termination Termination Date:		1
assessed	ity shall be	A \$200 penalty shall be ass	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: 2 # House of Representatives District: / 8
35	2011 MAR 17 PH 2: 35  2011 MAR 17 PH 2: 35  OFFICE OF THE CLEEK	2011 MAR 17 PH 2: 35  2011 MAR 17 PH 2: 35  OFFICE OF THE CLEEK U.S. HOUSE (BERCPRESENTATIVES	Daytime Telephone: 330 204-0232	Daytime 1	Name: ZACHARY T. SPACE
NILE:	NSIDE NUMBER OF LOT		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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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.

EXCLUDE: Military pay (Such as National Guard of neserve pay), receral remember programs, and come	ille received disabi ille occidi occarity / tot	wing from
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N <sub>A</sub>
CITY OF NEW PHILADELPHIA	Spouse salary	N/A
TUSCHAMWAS COUNTY, OHO	Spouse salary	2/2
State OF Otto	Spouse salary	\D/A

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# 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.

Constraint district the second			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
N/A			

### SCHEDULE III — ASSETS AND "UNEARNED" INCOME provide the value and income information on which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income reporting threshold. For retirement plans that are not self-directed, name the institution holding the not exercised, to select the specific investments). (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use and provide a complete address. income during the year. For rental property or tand, provide a complete address. Provide full 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 proaccount and its value at the end of the reporting sech asset in the account that exceeds the Asset and/or Income Source BLOCK A method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of year and is included only because it If an asset was sold during the reporting please specify the method used generated income, the value should be None. 0 U. Value of Asset m **BLOCK B `T** Ø Ŧ. ۔ ᆽ

investments, you may write "NA." For all other assets including all IRAs, not allow you to choose specific vested, should be listed as income. Check "None" if asset did not gener-Dividends and interest, even if reinate any income during calendar year indicate the type of income by checkthe appropriate box below.

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N. Wooster Ave PHILADSLAHIA, OH

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Examples.

Simon & Schuster Mega Corp. Stock

**Indefinite** 

1st Bank of Paduceh, KY Accounts

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or income source is that of your epouse (SP) or

If you so choose, you may indicate that an asset

Government retirement programs. cial interest in or income derived from parent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by

\$1 - \$1,000

\$1,001 -- \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

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

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

of its activities, and its geographic location in

information, see

traded, state the name of the business, the nature period. For an active business that is not publicly

netruction booklet. Block A. For additional

your spouse, or by you or your spouse's child.

Exclude: Your personal residence(s) (unless

ess in personal savings accounts; and any finan-

dependent child (DC) or is jointly held (JT), in the

None

optional column on the far left.

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Of Public EmployEESCHOT. Syot

### NONE Check all columns that apply. For retirement plans or accounts that do DIVIDENDS . . . . RENT Type-et lacome INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) indicate the category of None or generated Check "None" if no income was earned vested, should be listed as income Dividends and interest, even if reinchecking the appropriate box below. For all other assets, including all IRAs, ments, you may write "NA" for income. not allow you to choose specific invest-For retirement plans or accounts that do = `` \$1 - \$200 = \$201 - \$1,000 Amount of Income \$1,001 - \$2,500 z < **\$**2,501 *-* **\$**5,000 ≤ \$5,001 - \$15,000 Ĺ ≦ \$15,001 - \$50,000 ≨ \$50,001 - \$100,000 income by × \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 portion of an \$1,000 in exceeding See below for asset is sold, exchanges (E) sales (S), or purchases (P). example. as follows: If only a reporting year. asset had Indicate if the Transaction please indicate S (partial) (S) (partial) **BLOCK E** n o Ţ,

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ZACHARY T. SPACE

Page 5 of

							_	Mania	•	(1,	•	
Continuation Sheet (if needed)							  -					
BLOCK A  Asset and/or income Source		<b>*</b> B	BLOCK B		····		BLOCK C		Amo	BLOCK D  Amount of Income	icome	BLOCK E Transaction
		Value	Value of Asset	et		0	of income	<b>36</b>				
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## SCHEDULE IV- TRANSACTIONS

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Report any purchase, sale, or exchange transactions by you, your spouse,	or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000, include transactions that	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	SP, DC, JT Asset	Example: Mega Coporation Common Stock (partial sale)		7000														
Туре	of Transaction	HASE	PURC		×																
8	saction	ANGE			A STATE OF THE PARTY OF T																
	•	Box if Capital ceeded \$200																			
	Date	(MO/DAY/YR) or Quarterly, Monthly, or	Bi-weekly, if applicable		10-12-09																
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	Amount	1-	\$100,00 \$100,00 \$250,00			etije?	- GRA	354/4	247,5333	HINGHA.	\$3444.5	475713	57,475,6	475.474A	244.878	eyecc.	1000 G	(6000)	0.545	aginary sector	સ્વસ્
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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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

			П		إ	nout Truck	ľĬ	<b>E</b>			
SP,	Creditor	Type of Liability	\$10,001- \$15,000 W	\$50,000 C	\$100,000 P	\$250,000 TI \$250,001- \$500,000 TI	\$500,001- \$1,000,000 @	\$1,000,001- \$5,000,000 <b>=</b>	\$5,000,001- \$25,000,000 —	\$25,000,001- \$50,000,000	Over \$50,000,000 ズ
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	252		×						_
4	HUNTINGTON BANK, DOVER, OH	MTG 6N 123-127 W. HILH NEW PHILADLEPHIA, OH			~	<u>ハ</u>		3333 3373			
4		MIG ON 714 N. WOOSTER					(** <u>*</u>	V.V.			
		LINE OF CREDIT		X			uppg:				
	HUNTINGTON BANK, DOVER, OH	credit card		×							
<b>ک</b> ۹	SP U.S. ADWAYS MASTERCARD	credit card	×								

### 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	Vaiue
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal intendship received from Committee on Standards)	\$345

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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

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

a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Dete(s)	City of Departure—Destination— City of Return	Codging?	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	DCChicagoDC	Z	z	Z	None
	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	~	Y	Υ	2 Days
	alon) s						
	•						-

### SCHEDULE VIII—POSITIONS

Name ZACHARY T. SPACE

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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	Name of Organization
MEMBER	QUAKER NOW LLC
MEMBER	SNOOZER Ltd

### 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	
			Terms of Agreement	