Offentuming First	Opportuner Funds National Capital A	Heinghy Kathement Class	taintal - Reterred	Handay Cap App Investor Class	Harefay-Cap App Fund B		Examples:	SP Sp Mega Corp. Stock	provice the value and income information of each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.  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 (JT), in the optional column on the far left.	BLOCK A  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 asset or sources of income which generated more than \$200 in 'unearned' income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (bo not use ticker symbols). For all IPAs 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).
X	*	×	×	×	×	×	Indefinite	×	None  \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$50,001 - \$100,000   \$100,001 - \$250,000   \$250,001 - \$1,000,000   \$500,001 - \$1,000,000   \$1,000,001 - \$5,000,000   \$1,000,001 - \$5,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,000   Cover \$50,000,000	BLOCK B  Value of Asset  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.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	<u> </u>	×	×	<b>X</b>	<b>X</b>	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
<b>X</b>	×	×	<b>X</b>	×	<b>×</b>	×	X	X	None	BLOCK D  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 aarned or generated.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	ELOCK E  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 Riverentitye Nette D. Clarke Page 3 of 4

Cont	Continuation Sheet (if needed)					Γ.	Name	Descriptive write	P	Corne Fage	ogo and
	BLOCK A Asset and/or income Source		BLOCK B Year-End			вьоск с <b>Туре</b>		Amour	BLOCK D Amount of Income		BLOCK E
		\ <u>'</u>	Value of Asset	et	,	of Income	9				
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		\$1,000 01 – \$15 001 – \$5	001 - \$ ,001 - 5 ,001 - 5 ,001 - 5	00,001 - 00,001 - 000,001 \$50,00	E DENDS T	REST TAL GA EPTED	r Type o (Spe	\$200 - \$1,000 1 - \$2,5	1 - \$5,0 1 - \$15, 001 - \$56 001 - \$16	,001 - \$ 0,001 - \$5,000,0	
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## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

or were paid by you and reimbursed by the sponsor. **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	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	¥	Y	2 Days
CIDE Political Education Electrological Politics		NY-winco HI-NY	7	7	ム	Nove
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