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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 hav (such as National Guard or Reserve hav) federal retirement programs, and benefit	benefits received under the Social Security Act	ourity Act
	Туре	Amount
Keene State Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
Ontario County Board of Education	Spouse Salary	NA
EFA Solvhons, LLC (Spouse)	(Spanise Schen)	NA

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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.

ביומשטיי אין פירו פוואסואלים וכו ומוושוווווווון ווכר ויסי ווסומשטים ווי טעטוואסרו סיוווווון אווסומשלים.	o ming paokage:		
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
NA		. !	

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TRVS New Dimentions	TRVS Cash Management	Fund U ' 0 '	17 RVS Large Cap Equity	(PrG stack)	American Enterprise FS		Examples:	SP. Sp Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or 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.	provide the value and income information on 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.	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 (do not use ticker symbols). For all IRAs 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).
									None	>	ge pe ne n
							Ind		\$1 – \$1,000	æ	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."
X	×	<u> </u>	×	<u> </u>	×	_	Indefinite	4	\$1,001 - \$15,000	0	ing ing od conditions of condi
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	 			 	+	_	+ +	쐿	\$50,001 - \$100,000	т	Value of Asset Value of Asset value of asset at close of year. If you use a valuation other than fair market value, pecify the method used. et was sold during the reporting d is included only because it d income, the value should be
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 			_	1		r		Ť	NONE		0 O < F = 0 = 0 = 0
×	 		><	 	×	┞		$\overline{\mathbf{x}}$	DIVIDENDS		Type of Ir Check all columns retirement plans or a not allow you to investments, you may all other assets <i>inc</i> indicate the type of it ing the appropriating the appropriations and intervested, should be if Check "None" if assets ate any income during
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									EXCEPTED/BLIND TRUST		BLOCK C a of Ince lumns thinns or acc ou to che ou to che ou to che ou may w ts includ pe of ince propriate d interest d be liste if asset o e during o
							Royalties		Other Type of Income (Specify: For Example, Partnership	o Income or Farm Income)	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 <i>including all IRAs</i> , 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.
				<u> </u>		L			None		Por Division For Por Chie
×	×		~		×	<u> </u>		$ \bot $	\$1 - \$200	=	Amount of Income 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, <i>Including all IRAs</i> , 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.
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<u> </u>	<u> </u>	 	<u> </u>	 	-	┞		×	\$1,001 - \$2,500	₹	Amount of Income ament plans or accounts when to choose specific out may write "NA" for it ther assets, including at the category of ince the appropriate box and interest, even should be listed as it None" if no income was atted.
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								S (partial)	example. P. S. 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 Continuation Sheet (if needed)

Name Steve Austia

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																	Third Ba	Hundinghan Nat'l Bank		BLOCK A Asset and/or Income Source
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SCHEDULE IV- TRANSACTIONS

Name Starz Austria

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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	ates 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	SP Example: Mega Coporation Common Stock (partial sale)	None														
Type of Transaction	SE	CHASE	PURG																	
Type ansa		Ξ	SALE		×															}
ction	ìE	HANGE	EXCH																	
)	f Capital ded \$200	Box if (xceede	Check Gain E																	
Date	(MO/DAY/YR)	Quarterly, Monthly, or	Bi-weekly, if applicable		10-12-09															
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SCHEDULE V- LIABILITIES

Name Steve Austria

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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 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

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	JT SP,	
	Example:	
None	Creditor First Bank of Wilmington, Delaware	
	Type of Liability Mortgage on 123 Main St., Dover, Del.	
	\$10,001- \$15,000 CD	
	\$15,001- \$50,000 O	
	\$50,001- \$100,000	
	× \$100,001- \$250,000 m	Amou
	\$250,001- \$500,000 TI	nt of
	\$500,001- \$1,000,000 D	Amount of Liability
	\$5,000,000 —	₹
	\$5,000,001- \$25,000,000 \$25,000,001-	
	\$50,000,000 C	
	\$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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship 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. 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 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	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
American I small Education Aug 1-9	Aug 1-9	Dayton-Tel Aviv-	て	て	- <	Nowe
-amontion	C	Dayton			(Spoure)	
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SCHEDULE VIII—POSITIONS

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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-

_	Earlond), and positions colory of an inchestary maintenance	TOTAL Y TAKATO
	Position	Name of Organization
	NA	

SCHEDULE IX—AGREEMENTS

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

	Present	~ P(F	Date
		State of Ohio	Parties To
	State legislature	Retirement Plan for Service in Olio	Terms of Agreement