EXEMPTION—Have they meet all three te	TRUSTS—Details req	EXCLUSION OF SPOUSE,	V. Did you, your spouse, or a dependent c liability (more than \$10,000) during the rel if yes, complete and attach Schedule V.	IV. Did you, your spouse, or a deper or exchange any reportable asset in \$1,000 during the reporting period? If yes, complete and attach Scheo	III. Did you, your spouse, or a dependent c income of more than \$200 in the reporting reportable asset worth more than \$1,000 a lf yes, complete and attach Schedule III.	II. Did any individual or organization make lieu of paying you for a speech, appearant reporting period? If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" ir fees) of \$200 or more from any source in If yes, complete and attach Schedule I.	PRELIMINARY	Filer Status Report Type	Name: GENA	CALENDAR YE
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		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.	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 yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" 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.	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.	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	PRELIMINARY INFORMATION — ANS	Member of the U.S. State: House of Representatives District: Annual (May 16, 2011)	Name: Genald (Jenny) Hank He Nervey Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
her assets, "unearned" incom ss" unless you have first cons	ved by the Committee on Ett you, your spouse, or depend	DEPENDENT, OR TRUST INFORMATION	Yes No	ing Yes No	arned" ny period? Yes	harity in he Yes No	riod? Yes No	WER EACH OF T	Amendment	Le Nerewey Days	ENTATIVES OSURE STATEMENT
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	hics and certain other "excepted trusts" need not be disclosed. Have you dent child?	— ANSWER EACH	Each ques appropriate	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Ę	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 attach Schedule VI.	ANSWER EACH OF THESE QUESTIONS	Officer or Employing Office: Employee Termination Date:	time Telephone:	Form A For use by Members, officers, and employees
nt child because Yes	disclosed. Have you Yes	OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response	or arrangement with Yes	n or before the date Yes	hild receive any el in the reporting Yes rce)?	ild receive any iggregating more Yes		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	MC 2011 MAY 16 PM 3: 24 U.S. HOUSE OF REPRESENTATIVES HANDADDE DEMONSTRATIVES	-EGISLATIVE RE
- N	- S	SNC	and the sponse.	No	No	No C	No 7		be assessed les more than	PM 3: 24 RESERVINES	-EGISLATIVE RESOURCE CENTER

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VALERO	Duke/	KR HAVENT	US PARENT	SAVINGS		Examples:	SP	the name of the institution that it is not publicly trade ness, the nature of its actition in Block A. Exclude: Your personal homes and vacation homes and vacation home during the reporting \$5,000 or less in a accounts; and any financific your personal fig \$5,000 or less in a accounts; and any financific your personal homes on the fig \$5,000 or less in a accounts; and any financific your personal fig \$5,000 or less in a count in the fig \$5,000 or less in a count in the fig \$5,000 or less in a count in the fig \$5,000 or less in a count in the fig you are the fig \$5,000 or less in a count in the fig you are the fig your and the figure of t	Asset and/ Identify (a) each asset of income with a fair mether end of the reported asset or so, more than \$200 in "une Provide complete name not use ticker symbols. For all IRAs and other plans) that are self-directivestments, provide the account that exceeds the ment accounts which a
MARKETING & Supply	MIDSTREAM	JT #7,351,033	100,478, 606	165 America	1st Bank of Paducah, KY Accounts	!	P Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 Block A. Exclude: Your personal residence, including second homes and vacation homes (unless 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 jointy 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.	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 reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed (provide only
7	7	VAL	7			_		None > 3000	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."
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		S	/					\$250,001 – \$500,000	BLOCK B Je of Asset of asset at close If you use a valuate than fair market valuate the method used. sold during the report cluded only because me, the value should
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						<u> </u>	×	CAPITAL GAINS	BLOO BLOO BLOO BLOO BLOO BLOO BLOO BLOO
							1	EXCEPTED/BLIND TRUST	BLOCK C e of Inc lumns th counts that specific it the tax-defic the "No interest, if reinves income. smerated in smerated in
	ROYALTIES					Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
		7	7	7				None -	Fo you the as the charter the was was
7	1	25 \		N				\$1 \$200 ==	BLOCK D Amount of Inc For retirement accounts that you to choose specific invitate generate tax-deferred is as 401(k) plans or IRAs), you that generate tax-deferred indicate the category of checking the appropriate Dividends, interest, and ceven if reinvested, must the sa income. Check "None" was earned or generated.
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					į.	1	اد (\$1,000,001 - \$6,000,000 ×	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if no income was earned or generated.
								Over \$5,000,000 ×	
						1	S (partial)	ff only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.