No No	Yes	lependent child	oilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabi	arned" income ss you have fir	эr assets, "une wer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	
No X	Yes	not be	ent child?	% and certain other "c spouse, or a depende	nittee on Ethic	d by the Comn a trust benefi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 a dependent child?	
S	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	I	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	m
	response.	each "Yes"	dule attached for	ppropriate sche	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
No No	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	<u>8</u>	Yes ∭	III. 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 III.	7 ^ -
№	es 🔲	rrangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	N _S	Yes 📈	II. 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 II.	
S S	Yes 📈	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	 Did you hold any re of filing in the current c if yes, complete and a 	No 🗌	Yes 📈	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? If yes, complete and attach Schedule I.	
			V	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWE	♥ =
	oo dayo late.	11000				Jilice:	Employing Office:	
assessed who files	A \$200 penalty shall be assessed against any individual who files	A \$200 pe against a	Check if Amendment	MAY U, ZOIY	Date of Election:	\$ 0,10	or the Representatives er or	
	(Office Use Only)	7.						
	`	_ ^ /		Daytime Telephone:	Daytime		Name: ERICT. VENINON	
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ige 1 of 5	LEGISLATIVE RESOURCE CENTER	LEGISLATI		FORN	<u>. </u>	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES	7 -
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; li	List the source, type, and amount of earned income from any source (other than the filer's current emp	
\$1,000.	າg the pro	urce, typ	
See exan	eceding c	e, and ar	
nples belo	alendar y	nount of o	
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	ist only the source for other spouse earned income	ployment by the U.S. Government) totalling \$200 or	
	me) or	

Amount	Tement programs, and benens	Amount	Jecuity Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
MATIONWINE INSURANCE, COCUMBUS, OH	SALARY	70,332	46,354
CARRY-10-PROTECT, LLC	SAMPY	1,760	# wila
		•	

F 6		SUBURBALL MILLERAS LORP	HEMP INC	hrowuse huc	GED FILIPLICE CORP	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (urless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings 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 II 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 busi-	For all IRAs and other retirement plans (such as 401(k) 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 the 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. Provide complete names of stocks and mutual funds (do not use ticker symbols).	BLOCK A Asset and/or Income Source
*	Х.	*	*	*	X	×	Indefinite	X	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 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*	A B C D E F G H I J K L M	ting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	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	BLOCK B Value of Asset
*	*	*	*	*	*	×	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" the asset generated no income during the reporting period.	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 "fax-Deferred" column. Dividends,	BLOCK C Type of Income
*	*	*	*	*	*	×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 \$50,001 - \$15,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000,000 \$201 - \$1,000,000 \$300,001 - \$1,000,000 \$400,001 - \$5,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000 \$50,001 - \$1,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000	Current Year Preceding Year	* This column is for income derived from assets solety held 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, and capital gains, even if reinvested, must be disclosed as income . Check "None" if no income was earned or generated.	BLOCK D Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

			5p										SP, JT, DC		
			VETILE MEDICAL ACCOUNT		І ІНТЕВНАПОНАС ІНОВУ FOR	LUTERLATIONAL EQUITY FUND	SMALL/MID KRUSTH FUND	MIDCAP ILLDER FULLD	LARRE CAP FORDATH FULLD	LARRE CAP LLUDEX FULLD	LAPRE CAP VALUE FULLE	FURRALITED FULLD	Albumanne Sandbs	Asset and/or Income Source	BLOCK A
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													CAPITAL GAINS	<u> </u>	BLOCK C
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SCHEDULE III — LIABILITIES

Name ERICT, VELLUOLI

Page 15 of 5

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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or slbowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

	_	45			SP, DC, JT
		FED LOAN SERVICIAL	FED LOAL SERVICILLY	Example: First Bank of Wilmington, DE	Creditor
		707	7014	May 1998	Date Liability Incurred mo/year
		Student lond	STUDENT LOAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
		75			\$15,001— \$50,000
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				\vdash	Spouse/OC Liability over
		<u> </u>		L	\$1,000,000

SCHEDULE IV - POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offiany nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely or an nondrary nature.	awie.	
Position		Name of Organization
PANONE JANDENT DESTRUCTION ADVOCALE	PANOKAL	
MEDERALA THEMPORE	Acal, INC.	ACH. INC. (INACTIVE)
	•	
		,