No No	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
No V	closed. Have you Yes	d certain other "excepted trusts" need not be discild?	on Ethics and dependent chil	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 dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the "" response.	nust be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No.	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.
ON S	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _O	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.
No No	r before the date Yes	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.	No	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.
Yes 🖊 No 🔲	ij	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.	<u>₹</u>	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.
ON	receive any regating more Yes	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.	S S	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. Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
30 days late.	30 days late.	Termination Date:		Type X Annual (May 16, 2011) Amendment
A \$200 penalty shall be assessed	A \$200 penalty s	or Employing Office:	Officer or Employee	Status Member of the U.S. State: N S House of Representatives District:
PM 3: 06	2011 HAY 16 PM 3: 06 U.S. HOUSE COMINGE CHAINS	Daytime Telephone։ 202-225 ԿԿնՏ	Daytime T	Name: SCOTT GARRETT
IVERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name Sc077 CARRY

> Page 9

Identify (a) each asset held for investment or production Asset and/or Income Source **BLOCK A**

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

the name of the institution holding the account and its investments), provide the value for each asset held in the plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k) value at the end of the reporting period ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific

For rental or other real property held for investment, provide a complete address.

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that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits total-Exclude: Your personal residence, including second homes and vacation homes (unless there was renta

optional column on the far left child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset

please For a

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Value of Asset **BLOCK B**

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

generated income, the value should be year and is included only because it "None." f an asset was sold during the reporting

Dividends, interest, and capital if the asset generated no income durgains, even if reinvested, must be that generate tax-deferred income ing the reporting period. disclosed as income. Check "None" may check the "None" column (such as 401(k) plans or IRAs), you you to choose specific investments <u>or</u>

Type of Income BLOCK C

Check all columns that apply. retirement accounts that do not allow as income. Check "None" if no income was earned or generated.

Amount of Income BLOCK D

Dividends, Interest, and capital gains, checking the appropriate box below. indicate the category of income by the "None" column. For all other assets, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such even if reinvested, must be disclosed you to choose specific investments <u>or</u> For retirement accounts that do not allow exchanges (E) sales (S), or exceeding purchases (P) asset had Indicate if the ransaction BLOCK E

		" (STOCK)	LAKE LAND BANK (CHACKING)	" Disciplines Stock "	" Basic SIP "	Driegtus Appriecinaism fumo	1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	a complete address. an ownership interest in a privately-held business is not publicly traded, state the name of the busines, the nature of its activities, and its geographic localin Block A. In Blo
Ļ			-				L			None
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╁			-	-	1		×			\$50,001 – \$100,000
L				 	 	-				\$100,001 - \$250,000
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╌		×	ļ	×	×	-	-		×	DIVIDENDS
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ŀ		<u> </u>	-	×	-		H			
┝				 ^-	×	×		1	×	CAPITAL GAINS EXCEPTED/BLIND TRUST
,								Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
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						S (partial)		***************************************	S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E

ASSETS AND "LINEARNED" INCOME

	Continu	Continuation Sheet (if needed)	٦					2	į)					-				2	<u>}</u>	ЯIг	0000	- 11			_ {	: 	}	' [[Ш	Ш		┩┞	
None	As	BLOCK A sset and/or Income Source				<	al Y	ie ea	우 규	nd Ass	set								- 1 - 모	nc Vp	on ô	ਰ 			m Å	2 _	nt a	목	nc	9	æ			BLOCK E Transaction
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SCHEDULE IV— TRANSACTIONS

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						Hussman Strategic Total Return Fund	Hussmun Strategie Growth Fund	VMAND EXPIT INV	Fidudy Levy Co Stk	PRINCIPLE MIO CAP GROWIN JUNO	11 Disc Szin form (None)	BASIC S. P (None)	Dreyfor App June	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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
						×	×	×	×							PURCHASE		of Tr
										×			×	×		SALE		Type of Transaction
						,									,	EXCHANG		ction
																Check Box if Gain Exceed		
						9-3-10	9-3-10	1-1-10	1-1-10	1-1-10			9-3-10	10–12–10		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
) 		×	×	1. 3. 1						\$1,001- \$15,000	>	
						×	×			×			*	×		\$15,001- \$50,000	Φ.	
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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

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

Course	Data(a)	- 1	- daina	3	Was a Family	Number of days not
		City of Return	(N/X)	(Y/N)		at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
AMERICAN ISPAEL ZOUCHON SCHMING	1/4-1/10	DC-Jensalen ->DC	У	\prec	Y-W/c	v(on
(LUB for GADUTH	3/12-5/16	DC - PALM BEACH, FLOWD - DC	< '	Υ -	y wife	wan
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