Yes No	<b>.</b>	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.	sets, "unearned" inco Do not answer "yes"	Exemptions Have you excluded from this report any other as because they meet all three tests for exemption?	—
Yes No 🔇		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?	ved by the Committee letails of such a trust	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your s	-
IS 	STION	TION ANSWER EACH OF THESE QUESTIONS	IST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	1
		schedule attached for each "Yes" response.		if yes, complete and attach Schedule V.	
e appropriate	d and th	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	_
-		If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	_
Yes 🗸 No	n outside	Did you have any reportable agreement or arrangement with an outside K. entity?	Yes No 🗸 IX.	your spouse, or dependent child purchase, sell, or exchange any ble asset in a transaction exceeding \$1,000 during the reporting	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
Yes 🗸 No 🗆	filing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V	Did you, your spouse, or a dependent child receive "unearned" income of iii. more than \$200 in the reporting period or hold any reportable asset worth	
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	-
Yes No 🗸	able travel or than \$335	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying: II. you for a speech, appearance, or article in the reporting period?	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
Yes 🗸 No 🗌	able gift in otherwise	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)?	Yes 🗸 No 🗌 VI.	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 i. or more from any source in the reporting period?	
		JESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	_
	late.		☐ Termination	Type ( Annual (May 15)	
more than 30 days	more	Termination Date:		Panort	·
A \$200 PARTIES BY SHAFT SENTATIVES be assessed against	A \$20 be ass	Officer Or Employing Office: Employee	m of	Filer  Member of the U.S. State: AR  House of Representatives District: 03	
(Office Use Only)		(Daytime Telephone)		(Full Name)	, ,
11 MAY 15 PM 4: 56	12/2	202-225-4301		Stephen A. Womack	
LEGISLATIVE RESOURCE CENTER	LEGI				
		For use by Members, officers, and employees	MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	
***************************************		FORM A Page 1 of 7	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	

## SCHEDULE I - EARNED INCOME

Name Stephen A. Womack

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Туре	Amount
City of Rogers, Arkansas	Salary	\$115,000
County of Benton (Arkansas)	Spouse Salary	N/A
State of Arkansas	Spouse Salary	N/A
National Guard Recruting Assistance Program (GRAP)	Recruiting Stipend	\$3,000

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SCHEDOL	SCHEDULE III - ASSETS AND UNEARNED INCOME	Name Stephen A. Womack	\ Womack		Page 3 of 7
	BLOCK A	в изопа	BLOCK C	BLOCK D	BLOCK E
ASSE Identify (a) ea a fair market v and (b) any of generated mo	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Year-End Value of Asset at close of reporting year. If you use a	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comp symbols.)	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	other than fair market value, please specify the method used. If an	that generate tax-deferred income (such as 401(k) plans or IRAs), you may	(Such as works) praise or (RAs), you may check the "None" column. For all other assets, indicate the category	\$1,000 in reporting year.
For all IRAs and a self-directed (i.e. exercised, to self-asset held in the retirement account of the institution reporting period.	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 the name of the institution holding the account and its value at the end of the reporting period.	asset was sold and is included only because it is generated income, the value should be "None."	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	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.	
For rental or o	For rental or other real property held for investment, provide a complete address.		period.		
For an owner publically tracactivities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting				
JT	Arvest Bank Accounts	\$15,001 - \$50,000	INTEREST	NONE	
DC	E*Trade- Cash Account	None	INTEREST	\$1 - \$200	Ø
DC	Kansas City Life Policy	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
DC	Kansas City Life Policy	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	Merrill Lynch- Cash Account	\$1,001 - \$15,000	INTEREST	NONE	
DC	Metroplitan Bank	None	INTEREST	\$1 - \$200	S

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Ļ SP ٦ **\_** DC Policy Policy Savings Bonds Rental Property-1501/1503 S. 12th Street XM-Serius Stock State Farm Insurance- Term State Farm Insurance- Term Rogers, AR \$100,001 -\$250,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 Name Stephen A. Womack RENT None DIVIDENDS **DIVIDENDS** INTEREST NONE \$1 - \$200 \$201 - \$1,000 \$1 - \$200 \$5,001 - \$15,000 Page 4 of 7

#### SCHEDULE VI - GIFTS

Name Stephen A. Womack

Page 5 of 7

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. 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. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Rogers City Officials	Personalized Rocking Chair	\$450

### SCHEDULE VIII - POSITIONS

Name Stephen A. Womack

Page 6 of 7

honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
Mayor, City of Rogers, Arkansas	Municipal Government (thru 12/31/10)
Member, Director	Northwest Arkansas Regional Planning Commission (thru 12/31/10)
Member, Director	Northwest Arkansas Regional Mobility Authority (thru 12/31/10)

## SCHEDULE IX - AGREEMENTS

Name Stephen A. Womack

Page 7 of 7

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

Jan. 1999	Date	
Arkansas Public Employees Retirement System	Parties To	
Pension Annuity- Mayor of Rogers	Terms of Agreement	