Yes No	child because nduct.	ssactions, or liabilities of a spouse or dependent with the Committee on Standards of Official Cor	" income, tran- rst consulted v	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 Standards of Official Conduct.
ed not Yes No No	d trusts" need	ls of Official Conduct and certain other "excepted pouse, or dependent child?	e on Standard: ng you, your st	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?
WER EACH OF THESE QUESTIONS)F THES	- ANS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
n in this part must be answered and the hedule attached for each "Yes" response.	must be a	Each question in this part appropriate schedule attach	No 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.
Yes No X	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	s	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.
Yes No	or before the	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.	S _S	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.
y Yes X No	d receive any in the reportin e)?	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.	ĕ X	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.
Yes No X	receive any regating more	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.	<u>₹</u>	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? Yes Lif yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
against anyone who files more than 30 days late.	against anyone than 30 days late	Termination Date:	1	Annual (May 17, 2010)
A \$200 penalty shall be assessed	A \$200 p	or Employing Office:	Officer or	Filer Member of the U.S. State: Q+ Status House of Beorgspratives District: CD 2
JUL 1 5 2015 (Office Use Only)	<u>7</u>	Daytime Telephone: 20ス-22S-3いか	Daytime T	Name: RER JEANNETTE H. SCHMIDT
Page 1 of 12: 57	MC	Form A For use by Members, officers, and employees	MENT	UNÎTED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
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Name
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Page 2 of 10

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 pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: winds you seems to require course pay, word on on or programs, and con		Service Services
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
MORGON STONNEY SMITH DIXZNEY (MSSIS)	SPOUSE SALVIER	7

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455H	MSSIS YANK DEPOSIT		CARVED	ASSO- PORSE SHOULD SHIFT B	1st Ban	Examples:	SP Mega Corp. Stock	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. 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. Covernment retirement programs. Covernment 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.	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 "uneamed" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (to 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 eversed, to select the specific informents).
*	*	×	*	× × ×	×	Indefinite	×	None	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."
×	×		*	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C 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 including all IRAs, 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.
*	×		×	*	×	X	X	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≤ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	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, including all IBAs, 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.
	i i		せ				S (partial)	If 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.

1 1			
SCHEDULE III — ASSETS AND Continuation Sheet (if needed)	III — ASSETS AND "UNEARNED" INCOME Sheet (If needed)	Name For JEAN SCHMIDT	Page 1 of 14
BLOCK A Asset and/or income Source	BLOCK B Year-End Type Value of Asset of Income	BLOCK D Amount of Income	BLOCK E Transaction
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SCHEDULE (II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name REP JEAN SCHMIDT

Page 5 of K

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United States House of Representatives Financial Disclosure Statement for Calendar Year 2009

Jeannette H. Schmidt 771 Wards Corner Rd. Loveland, OH 45140

Listing of real estate assets held by various family partnerships and jointly with siblings. Jean Schmidt owns 25% of all of the partnerships listed below.

(1) OT Realty Enterprises LLC

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land leased to Walgreen Pharmacy

Value of percentage owned - \$250,000 - \$500,000

Net Income for percentage owned for 2009 - \$15,000 - \$50,000 (rent)

(2) OT Realty Enterprises LLC II

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land leased to Kroger

Value of percentage owned - \$250,000 - \$500,000

Net Income for percentage owned for 2009 - \$15,000 - \$50,000 (rent)

(3) OT Realty Enterprises LLC III

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land to be developed in the future

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2009 – zero

(4) Jennifer Black Et All

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Land adjacent to OT Realty Enterprises LLC II

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2009 - \$1,000 - \$2,500 (rent)

(5) Gus Hoffman Second Family Limited Partnership

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Farm Land

Value of percentage owned - \$500,000 - \$1,000,000

Net Income for percentage owned for 2009 - \$2,500 - \$5,000 (farm crops)

(6) RTJJ LLC

Percentage owned: 25%

Corner of Loveland Miamiville Rd & Branch Hill / Guinea Pike, Loveland, OH 45140

Farm Land

Value of percentage owned - \$1,000,000 - \$5,000,000

Net Income for percentage owned for 2009 - \$2,500 - \$5,000 (farm crops)

(7) RTJJ LLC

Percentage owned: 25%

Moore Rd. & Bantam Rd., Clermont County OH

Vacant property

Value of percentage owned - \$50,000 - \$100,000

Net income for percentage owned for 2009 – zero

(8) RTJJ LLC

Percentage owned: 25%

1232 SR 28, Milford, OH 45150

Commercial Rental Property

Value of percentage owned - \$50,000 - \$100,000

Net Income for percentage owned for 2009 - \$2,500 - \$5,000 (rent)

(9) RTJJ LLC

Percentage owned: 25%

1236 SR 28, Milford, OH 45150 (SR 28 & Floyd Place)

Residential Rental Property (3 small homes & vacant lots)

Value of percentage owned - \$100,000 - \$250,000

Net Income for percentage owned for 2009 - \$2,500 - \$5,000

(10)RTJJ LLC

Percentage owned: 25%

SR 132 & Judd Rd.

Vacant Land

Value of percentage owned: \$15,000 - \$50,000 Net Income for percentage owned for 2009 - zero

Name RET JEAN SCHMITT

Page 3 of 16

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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.		Туре	P	2			>	·	<u>,</u>	; } }	<u>;</u>	;		
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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 prop-	2, 1	Type	<u>.</u>		Date]		}			55		ś		1
erty held for investment that exceeded \$1,000. Include transactions that		OI ITAIISACIIOII	<u></u>	l 0	Date							Indipaction	=	-	
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 nurchase or sale of your personal residence, indeed it gener-				Capital ed \$200	(MO/DAY/YR)	80	ဂ	O	m	T 1	ଜ	I		۲.	x
ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	HASE		IANGE	Box if (xceede	Quarterly, Monthly, or			0	0	0	000	000	,000	,001- ,000	000
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.	PURC	SALE	EXCH	Check Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50.000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000.0 \$25,000	\$25,000 \$50,000	Over \$50,000
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SP Example: Mega Coporation Common Stock (partial sale)		×			10-12-09		×								
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, CHIND 25 INDEX FUND		x	ļ 	×	8-24-09		7			ļ]
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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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

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.

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Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Example: Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	Z	2	Z	None
	Aug. 6-11	DC-Los Angeles-Cleveland	Y	Y	Υ	2 Days
JESZIZZ MONESMACZ BOCKIRSH	FEB 5-7	DC - BALTIMORE - DAYROW	~	4	7,	てってか
TURKISH COSLITION TEAP	max 24-31	DC-157740BUL-DC	~~(۲-	7	てった方
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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 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

PARTNER 605	PARTMER RY	Position
GOS HOFFMAN SECOMS FAMILY LIMITED PARTNERSHIP (FAMILL I JEINERSHIP	OT REALTY ENTERSPORTSES I II III (FAMILY PARTNERSHIP)	Name of Organization

SCHEDULE IX—AGREEMENTS

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

Date	Parties To	Terms of Agreement