₹	Caluse Yes	ne, transactions, or liabilities of a spouse or dependent child becasulted with the Committee on Standards of Official Conduct.	EXEMPTION—Have you excluded from this report any other assets, "unsarred" 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,
₹	need not Yes	andards of Official Conduct and certain other "excepted trusts" n your spouse, or dependent child?	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?
S	ESE QUESTION	FORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	be answered and each "Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	V. Did you, your spause, or a dependent child have any reportable Yes No liability (more than \$10,000) during the reporting period? Wes, complete and attach Schedule V.
N N	nent Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	IV. Did you, your spouse, or a dependent child purchase, sall, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting psylod? If yes, complete and ettach Schedule IV.
8 □	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.	III. Did you, your spouse, or a dependent child receive "unearned" hoome 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.
X S S	any orling Yes	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.	II. Did any individual or organization make a donation to charity in lisu of paying you for a speach, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
× _S	any more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gitt in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Sohedule VI.	Did you or your spouse have "earned" income (e.g., saleries or fees) of \$200 or more from any source in the reporting period? Yes No if yes, complete and attach Schedule I.
		HESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
es more	agamst anyone who mes than 30 days late.	Termination	Amendment
Besessed		Officer or Employing Office: A \$200	Status Member of the U.S. State: ZALDLAND! Status District:
	U.S. HOUSE OF BUTTONESS. (Office Use Only)	Daytime Telephone: (202) 225-4436	MARK E. JOVDER
 	2010 MAY 17 PH 4: 17		
	DELIVERED LEGISI ATIVE RESOURCE CLASS	Form A For use by Members, officers, and emptoyees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
	EAND		

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the flier'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.

(J

200g.

Keene State	Source	Type Approved Teaching Fee
Examples: State of Manyland Civil War Roundtable (Oct. 2nd)		
DIANE K. (21MAR	K. (21MMore) JOYDER . Consultant . Discines	
1	1	
* The said in this day	X 64	İ
Sugertine listed	•	
	Suggetion listed with muches name	
	nik muisi name	
	tik miti samo	
	tik mit sent	
	kit mint	

For payments to onertry in lieu of nonoraria, use Schedule II.

70777793810

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

MARK E. SOUDE

		· ·	
0F 870014L	Done (M.S.	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 that is rantal income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal servings accounts; and any financial interset in or income derived from U.S. Government 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 its jointly held (JT), in the optional column on the far left. SP. Simon & Schuster Sp. Mega Corp. Stock	BLOCK A Asset end/or income Source Identify (a) each asset held for investment or production of income with a fair merket 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 "unearned" income during the year. For rental property or land, provide a complete address. Frovide full names of stocks and mutual funds (do not use ticker symbols). For all #A4s and other rehiement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, swer if not exercised, to select the specific investments), provide the value and income information on saich asset in the account that exceeds the reporting threshold. For refirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting
		None \$1,001 - \$15,000 \$50,001 - \$100,000 \$50,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000	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."
	X	NONE RENT CAPITAL GAINS Other Type of Income (Specify: For Example, Partoership Income or Formula Company)	Check all columns that apply. For retirement plants 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 reinvened, should be listed as income. Check "None" if asset did not generate any income curing calendar year.
		\$201 - \$1,000 \$2,501 - \$5,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000	Amount of Income 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 IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be lieted as income. Check "Yone" if no income was earned or generated.
		please indicate as follows: (S) (partial) See below for example. P, S, E S (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold,

NONE RENT CAPITAL GAINS Other Type of Income (Specify) None	None
NONE RENT CAPITAL GAINS Other Type of Income (Specify) None	NONE RENT Of Income Of Income Specify) Signor - st,000,000 X Signor - st,000,000
NONE RENT CAPITAL GAINS Other Type of Income (Specify) None	None Plock None Plock None
Other Type of Income (Specify) None —	Other Type of Income (Specify) None — — \$201 – \$1,000 ≡ \$2,501 – \$5,000 < ✓ \$15,001 – \$50,000 ▼ \$100,001 – \$1,000,000 ▼ Civer \$3,000,000 ▼
None — \$201 - \$1,000 = Mount of K S15,001 - \$5,000 < S15,001 - \$5,000 S15,000 S15,000	\$7,501 - \$5,000 <
	\$100,001 - \$1,000,000 ☐ Civer \$5,000,000 ☐ The state of the state

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Name

MAXIX

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 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

or were paid by you and reimbursed 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

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

	Source	Date(s)	City of Departure—Destination— City of Return	(N/N) ¿Bujĝpon	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Evanada.	_	Mer. 2		N		Z	None
Exemplos.	Roycroft Corporation	Aug. 6-11	DCLos Angeles Cleveland	Υ	Υ	Y	2 Days
	NONE						
	* &		•				:
				3			
			-				
1.10		•					
	•						
		•					

This page may be copied it more space is required.

2022269870

þ

Bosing Co spany

Bristal Myers

Callowing Solf

Street Oymunics

Wands capta Post

EMC

Lookhord Muchin

Internative Planers

SP, DC, JT

왕

Mega Coporation Common Stock (partial sale) Applied Makerials

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.

\$5,000,001-\$25,000,000

Over \$50,000,000

SCHEDULE IV- TRANSACTIONS

E JOWER

Page 2 of

cate (Le., "partial sale"). See example below. 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 action. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an assat is sold, please so indiresulted in a capital loss. Provide a brief description of any exchange transasaction

			* -					16.1 5						1000		7.7		of T
				X	X	×	×	X	Х	X	X	X	X	×		SALE		Transaction
									5.5	4								ction
																Check Box if Gain Exceed	Capital ed \$200	
														10-12-09		Quarterly, Monthly, or Bi-weekly, it applicable	(MO/DAY/YR)	Date
			2.4	₹ ₽ %										MO. 014				
														×		\$15,001- \$50,000	ဂ	
 	ing.		ur Ur											100	i C			Ā
																\$100,001- \$250,000	ហ	Amount
										e i e v				¥.44.45				of Tran
																\$500,001- \$1,000,000	e P	rar

This page may be copied if more space is required.

SCHEDULE VIII—POSITIONS

proprietor, representative, employee, or consultant of any corporation, firm, pertnership, 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,

Manna

Page 6 of 6

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiorganization, or any educational or other institution other than the United States.

Position	Name of Organization
Min Rober	HISTORIC JOVONES OF CRABILL

SCHEDULE IX—AGREEMENTS

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

A colored		
Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

i

i

GPO: 2015

85-105 (mao)