SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name RYAN R ZINKE Pa

Page 2 of

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: williary pay (such as National Guard of Reserve pay), lederal retirement programs, and	ement programs, and benefits re	penelits received under the Social Security Act.	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
(include date of receipt for notice and	1)00	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
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Contractal Owde International	SALARLY	40,000.00	36,600,00
Institute for Paospeary	SALARY	o	30,000.00
State of Montana	SALE OF PLAPERTY	14.000.00	2236.00
Special Operations for America	expases	•	5,000,00
on Point Montana	SALADY	52,000,00	62590,00
Mortana Figures Institute	SALADY	0	6725.51
Khome Precision Arms	SRLAP"	O	16975.75
Personalities and framations	HONO LARIN M	0	5,000.00
STWA	ppecroe's pec	85,000,00	0
HAND TRUST	SPOUSE SALAREY	24,000,00	24,000.00

1201 200 Kelapet mg	410 w 30 whilehat mg	415 w 2ª whilehon mg	409 w 22 whileher mr	STWA South Belbura GA	Whilehat Credit Union	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$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.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic booting in the process.	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
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 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A BB C D FF F	ing 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 report-	BLOCK B Value of Asset
×	*	×	×	×	×	×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if 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
* 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 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$1,000,000		Current Year Preceding Year	* This column is for income derived from assets solely 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

Contin	Continuation Sheet (if needed)	0	INED HACK	Ī		Name RYAN K ZI	ZIME Page 7
	ВLОСК А		вгоск в		вгоск с	В	BLOCK D
	Asset and/or Income Source	Valu	Value of Asset	Туре	Type of Income	Amoun	Amount of Income
SP,		A B C D E	т О H — J К	000* ≤		Current Year	Preceding Year
DS 7.		50,000	\$500,000 \$1,000,000	Asset over \$1,000,0	BLIND TRUST		= 0
		None \$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$5 \$50,001 - \$1		NONE DIVIDENDS RENT	TAX-DEFERA Other Type	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,00 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$0 Over \$5,000,00	\$pouse/DC Income None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,6 \$15,001 - \$50 \$50,001 - \$10
4	Double Tap Paperty				Parte	×	6
4	Household goods lart		*	×		*	×
4	Happy Valley lobs (2)	*		Χ		X	٨
	Wey Whole						

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SCHEDULE III — LIABILITIES

Name RYAN ZINNE Page Soft

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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 sib-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

		4	ムコ	TT		J DC SP,
		GMAC	West Farms	Wells Euro	Example: First Bank of Wilmington, DE	Creditor
		MA-213	Kb 2001	Reb 1998	May 1998	Date Liability Incurred mo/year
		Loan on 2013 chan Touch	Eb 2001 Mortage on 410 w3 02 whileful	Rb 1998 Nortgage on 415 W 212 Whilehal	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$10,001— \$15,000
		X				\$15,001— \$50,000 III
						\$50,001— \$100,000 O
			۲	X	×	\$100,001— \$250,000 5
						\$500,000 m \$500.001—
						\$1,000,000 T R \$1,000,001—
				- :		\$5,000,000 G S \$5,000,001— _ =
					-	\$25,000,001
						\$50,000,000 — Over \$50,000,000 —
l i	l	l				Spouse/DC

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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 offi-

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

Position	Name of Organization
Chairman	Great Northern Veterans Peace Park Poursheton
Chairman	
Director	STWA Sun Balbara CA
Arcolor	Montana Ricarms Institute
CEO	Continutal Divide International

SCHEDULE III — LIABILITIES

Name RYAN K ZINKE

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 sib-

				T C SA
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
			Γ	\$10,001— \$15,000 >
	-			\$15,001— \$50,000
				\$50,001 \$100,000 O
			×	\$100,001— \$250,000
				\$250,001— m \$500,000 m
		ļ		\$500,001— \$1,000,000
		 		\$500,000 m \$500,001— \$1,000,000 m \$5,000,000
_				425,550,500
			_	\$25,000,001 \$50,000,000
				Over \$50,000,000 — Spouse/DC
į .				Liability over ス \$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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 offi-

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

Position
 D108c 50R
 CE0

SCHEDULE V - AGREEMENTS		
	Name	

15 17

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.

Date	Date Parties To

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship

lowyillow by and by life import illighted income of conforme in	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Neil Livingston	Consulting - Expenses
1985	

GPO: 2013 78-985 (mac)

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

(Select One)

Exceeded

Office of the Clerk, U.S. House of Representatives

Legislative Resource Center

B-106 Cannon House Office Building

Washington, DC 20515-6601

Dear Madam Clerk:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the IIS House of Boundary in the IIS Hous The Honorable Karen L. Haas, Clerk **Indicate Your Status:** or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. Over \$5,000 Threshold Not I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk. This is to notify you that under the laws of the state of _____ I withdrew my candidacy for the U.S. House of Representatives on ____ Withdrawal of Candidacy [Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.] RYAN K ZINKE Name (Please Print or Type): ____ AT- LARGE State: MONTANA

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

7 PEC 13

Date: __

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601