\$ 	™	child because iduct.	EXEMPTION—Have you excluded from this report any other assets, "uneamed" 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.	" income, tran	EXEMPTION—Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a si they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Stan	EXEMPTION—Have you excluded they meet all three tests for exemp
₹ Q	Yes 🔲	d trusts" need not	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on Standard ng you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS - Details regarding "Qualifibe disclosed. Have you excluded fr
SN	DIESTIC)F THESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOU
od the ponse.	wered an "Yes" res	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	₹ □	lent child have any reportable Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule V.
No.	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yee, complete and attach Schedule IX.	N ₀	ndent child purchase, sell, a transaction exceeding Yes	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.
₹ ₹	§ 2 € 1	or before the date	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.	N ₀	dent child receive "unearned" onting period or hold any ono at the end of the period? we still.	III. Did you, your spouse, or a dependent child receive "uneamed" 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.
\$ 	¥ (4)	d receive any in the reporting	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.	₹	make a donation to charity in earance, or article in the Yes Wes when the Nes Wes Wes Wes Wes Wes Wes Wes Wes Wes W	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 yee, complete and attach Schedule II.
₹	Yes	d 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.	™	ned" income (e.g., salaries or ce in the reporting period? Yes \tag{Ves}	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.
			SE QUESTIONS	OF THES	ATION — ANSWER EACH OF THESE	PRELIMINARY INFORMATION
e essessed files more	ty shall be one who late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	ee Termination Date:	Employee	tatives District:	Status House of Representatives Report Annual (May 17, 2010)
ESENTATIVES	HIGE USE BERY	VIL U.S. HOMES USE OR PRESENTATIVES				
PH 3: 29	2011 HAR -7 PM 3: 29	- N 2011	Daytime Telephone: 728-342-0757	Daytime	"GENE" - TAYLOR	Name: GARY EUGENE
LEGISI ATIVE RESOURCE CENTUR	ATIVE RES	SIBEL				
2011	MAR 0 3 201	*	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUS CALENDAR YEAR 2009 F

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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 Heserve pay), federal retirement programs, and benefits received under the Social Security Act.

		A
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
	SCORPHING BEACHES	ZP

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of its activities, and its geographic location 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 exceeding \$1,000 at the end of the reporting per-od, and (b) any other asset or sources of income traded, state the name of the business, the nature reporting threshold. For retirement plans that are provide the value and income information on plans (such as 401(k) plans) that are self directed income during the year. For rental property or fand, provide a complete address. Provide full (i.e., plans in which you have the power, even it which generated more than \$200 in "uneamed" duction of income with a fair market value sech asset in the account that exceeds the not exercised, to select the specific investments), licker symbols). For *all IRAs* and other retirement names of stocks and mutual funds (do not use dentify (a) each asset held for investment or pro-

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there is rental income); any debt owed to you by your spouse's child, Exclude: Your personal residence(s) Government retirement programs. parent, or sibling; any deposits totalling \$5,000 or all interest in or income derived from ess in personal savings accounts; and any finan-(unless

instruction booklet.

Block A. For additional information, see the

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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. If you so choose, you may indicate that an asser 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 <u> \$1,000,001 - \$5,000,000</u>

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

\$25,000,001 **-** \$50,000,000

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah,

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taxocc.

2000

ACCOUNTS KY Accounse

Value of Asset

BLOCK B

Asset and/or Income Source

BLOCK A

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

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

Type of Income

四 C C C C

ing the appropriate box below.
Dividence and interest, even if reinvested, should be listed as income.
Check "None" if asset did not generate any income during calendar year. all other assets including all IRAs, not allow you to choose specific investments, you may write "NA." For retirement plans or accounts that do Check all columns that apply indicate the type of income by checkor generated.

BLOCK D

vested, should be listed as income. Check "None" if no income was samed checking the appropriate box below. Dividends and interest, even if reinindicate the category of income ments, you may write "NA" for income. For all other assets, *including all IRAs*, not allow you to choose specific invest-For retirement plans or accounts that do Amount of Income â exceeding \$1,000 in asset had

exchanges (E) sales (S), or purchases (P), indicate if the eporting year. ransaction BLOCKE

	3734				2000	Š			Over \$50,000,000
									NONE
		4,40.45		3,83				×	DIVIDENDS
		<u> </u>				×			RENT
		t in			*		Ů.	4 6	INTEREST
L				<u>L</u>				×	CAPITAL GAINS
	ANA		N. SVE					:	EXCEPTED/BLIND TRUST
							Royatties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
									None -
					188	Ş.	Ù.		\$1 - \$200
		<u> </u>		<u> </u>	<u> </u>	L			\$201 - \$1,000 =
					ARR		13	×	\$1,001 - \$2,500
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			被禁					ं	\$ 50,001 ~ \$100,000 ≦
		L		<u> </u>		<u> </u>	×		\$100,001 - \$1,000,000 \(\overline{\times}
			5/330	- 高語		S		10	\$1,000,001 - \$5,000,000 ×
		ļ			<u></u> _			}	Over \$5,000,000 ×
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E

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"GENE"
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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

a 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	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Y	2 Days
American Shipbuilding Assn.	11/28 - 11/30	GPT-FTMYERS,FL-DC	4	7	Z	day
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