| X               | Yes                       | child because<br>duct.            | sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.   | " income, trans                               | assets, "unearned<br>unless you have f | <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o  | # <b>5</b>     |
|-----------------|---------------------------|-----------------------------------|--|---|--|---|----------------|
| ₹<br>  <u>X</u> | Yes                       | trusts" need not                  | s of Official Conduct and certain other "excepted pouse, or dependent child?   | e on Standards                                | d by the Committe                      | 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? | be TR          |
| S               | UESTION                   | F THESE Q                         | MATION — ANSWER EACH OF THESE QUESTIONS  | TINFOR  | T, OR TRUS                             | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION  | EX             |
| the<br>onse.    | wered and<br>'Yes" resp   | nust be ansi                      | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response  | X   | able Yes                               | V. Did you, your spouse, or a dependent child have any reportable<br>liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.  | <b>⋾</b> ਛੋ<   |
| ×               | Yes                       | arrangement                       | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.  |   | Yes X                                  | 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.  | <u> </u>       |
| No 🔲            | Yes                       | 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.   | \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | hed" Yes                               | 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.                                       | <b>∓</b>       |
| ×               | Yes                       | receive any n 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. | ×   | Yes                                    | II. Did any individual or organization make a dofiation to charity in<br>lieu of paying you for a speech, appearance, or article in the<br>reporting period? If yes, complete and attach Schedule II.   | <b>= a a</b> = |
| ×<br>No         | Yes                       | l receive any<br>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.             | <b>§</b>                                      | es or<br>d? Yes                        | I. Did you or your spouse have "eamed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedute I.  | <b>∓</b>       |
|                 |                           |                                   | SE QUESTIONS   | OF THESE                                      | EACH                                   | PRELIMINARY INFORMATION — ANSWER  | R              |
| nes more        | late.                     | than 30 days late.                | Termination Date:  |   | Amendment                              | Type X Annual (May 17, 2010)  |                |
| assessed        | Ity shall be              | A \$200 penalty shall be assessed | or Employing Office:   | Officer or<br>Employee                        | 3                                      | Status Member of the U.S. State: F.C. Status House of Representatives District: 8   |                |
|                 | U.S. ii (Office Use Only) | U.S 704                           |  |   |  |   |                |
| R .             | 2010 HC" 30 FH 5: 12      | 2010 115"                         | Daytime Telephone: 2ン2 - 2とデ- 2 / 7 6  | Daytime                                       |  | Name: ALAN GRAYION  | Z              |
| Page 1 of 6     | ;<br>;<br>;               | Ç                                 | Form A<br>For use by Members, officers, and employees  | MENT  | NTATIVES                               | UNITED STATES HOUSE OF REPRESENTATIVES<br>CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT   | ر<br>ا         |
| <u>,</u>        | DELIVERED                 | 균:                                |  |   |  |   |                |

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|-----------------|--|--|--|-------------------------|--|----------------------------------|---------------------|---------------------|---|--|--|----------|
| Newson Stock    |  | Ansorig Stock                                    | Fast Food Indonesia Stock                        | Restaurant Brands Stock | Euro Pacific Cash                                | 1st Bank of Paducah, KY Accounts |                     | SP Mega Corp. Stock | rsonal residence(s) (unless rso); any debt owed to you by you or your spouse's child, you or your spouse's child, ny deposits totalling \$5,000 or ings accounts; and any finanfings accounts; and any finanfincome derived from U.S. sent programs.  That of your spouse (SP) or that of your spouse (SP) or that of your spouse (SP) or the far left. | 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. | 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 "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do 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 (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power, even if (i.e., plans in which you have the power).  |          |
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|                 | ×  | <del> </del>                                     | +  | ┼──                     | †-   | ╂╌                               | Indefinite          | +                   | \$1 - \$1,000   | 00   | Indicate reporting method c please sp lf an asset year and generated "None."   |          |
|                 | ,  | †-   | ┼  | †                       | <del> </del>                                     | ╁╌                               | Die<br>Be           | ┪                   | \$1,001 - \$15,000  | <u> </u>   | tte xd c   |          |
| ×               |  | _  | 1  |                         | ×  | ╁                                | ∺                   | ×                   | \$15,001 \$50,000<br>\$50,001 \$100,000   | 0  | Value  | =        |
|                 |  | ×  | ×  | ×                       |  | ×                                | <del></del> +       | 7                   | \$100,001 - \$250,000   |  | 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."  | · •      |
|                 |  |  |  |                         |  | Γ                                |                     | 7                   | \$250,001 - \$500,000   | <br>ດ  | an your of an an and a second  |          |
| <u> </u>        | <u> </u>   |  |  |                         |  |                                  |                     |                     | \$500,001 - \$1,000,000   | I  | As use take the train or   | , (      |
|                 | <u> </u>   | ļ.,  | <u> </u>   |                         |  |                                  |                     |                     | \$1,000,001 - \$5,000,000   | _  | alue   |          |
|                 |  | ļ  | <u> </u>   | <u> </u>                | ļ  |                                  |                     |                     | \$5,000,001 - \$25,000,000  | _  | sed.   |          |
| <u> </u>        | <u> </u>   | <b>↓</b>   | <b>↓</b>   | <u> </u>                | ļ  | L                                |                     | $\bot$              | \$25,000,001 - \$50,000,000   | ***  | alua<br>por<br>aus   |          |
| <u></u>         |  | <u> </u>   | <u> </u>   |                         |  | L                                |                     |                     | Over \$50,000,000   | F  | ting tion  |          |
| ×               | ×  | ×  | <u> </u>   | ļ                       | ļ  | L                                |                     |                     | NONE  |  | 90 <f========< td=""><td></td></f========<>  |          |
| <u> </u>        | <u> </u>   | ╀  | ×  | <u> ×</u>               | ×  | Ļ                                | <del></del>         | ×                   | DIVIDENDS   |  | Type of Check all columns retirement plans or not allow you to investments, you m all other assets In indicate the type of ing the appropri Dividends and inte vested, should be Check "None" if ass ate any income duri   |          |
| -               | -  | —-   | <b>-</b>   | ╁                       | <del> </del>                                     | Ľ                                | <b>↓</b> ↓          | _                   | RENT  |  | Ty in  |          |
| -               | <del> </del>                                     |  | ┼-   | <del> </del>            | ∔  | ╂-                               |                     | _                   | INTEREST  |  | Type of all column of the plans of the type of appropriate and interplant in the plans of the pl |          |
|                 | ├  | <del> </del>                                     | ┼  | <del>-</del>            |  | ╄-                               |                     | ×                   | CAPITAL GAINS   |  | ets you to do not be do no | , ;      |
| -               | <del> </del>                                     | ┼  | ╂  | ┼                       | -  | ⊢                                | -                   | 4                   | EXCEPTED/BLIND TRUST  |  | Type of Inc il columns th it plans or acc it plans or acc it plans or acc ints, you may it assets includ he type of inco appropriate s and interest hould be liste one" if asset c come during c   |          |
| X               |  |  |  |                         |  |                                  | Royalties           |                     | Other Type of Income<br>(Specify: For Example, Partnership In   | ncome or Farm 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.   | ć        |
| <del>  ``</del> | ×  | ×  | ┼  | ┼-                      | -  | ╀                                | $\vdash \downarrow$ | $\dashv$            | None  |  | ς <b>5 € 5 ≅</b> Σ ∃ 3 Σ Σ   |          |
| <b> </b>        |  | -  | ┼─   | 1                       | ×  | $\vdash$                         | H                   | +                   | \$1 - \$200   | =  | or relations and services are services and services are services and services and services and services and services are services and services and services and services are services and services are services and s |          |
| <del> </del>    |  | +  | ×  | <del> </del>            | <del> </del>                                     | $\vdash$                         | $\vdash$            | $\frac{1}{2}$       | \$201 - \$1,000   | =  | Amo<br>For retiremen<br>not allow you<br>ments, you re<br>For all other a<br>indicate the<br>checking the<br>checking the<br>Dividends ar<br>vested, shou<br>Check "None"<br>or generated.   | <b>.</b> |
|                 | <del>                                     </del> |  | +  | <del> </del>            | <del>                                     </del> | 1                                |                     | 7                   | \$1,001 - \$2,500   | ₹  | Amount of Income ament plans or accounts / you to choose specific ou may write "NA" for i her assets, <i>Including a</i> the category of inco the appropriate box is and interest, even should be listed as it lone" if no income was sted.  |          |
|                 |  | <u> </u>   | 1  | ×                       | <del> </del>                                     | Ļ                                | H                   | $\dashv$            | \$2,501 - \$5,000<br>\$5,001 - \$16,000   | <  | bunt of Inc t plans or acc to choose sp nay write "NA" assets, Includ category of appropriate d Interest, e ild be listed if no income   | . 6      |
|                 | <u> </u>   | <del>                                     </del> | T  | 1                       |  | r                                |                     | +                   | \$5,001 \$15,000<br>\$15,001 \$50,000   | <u> </u>   | ns on the virtee s, in syropping or literate s line  | . כל כ   |
| <b>_</b>        | <u> </u>   | 1  | <del>                                     </del> | $\vdash$                | 1  | +                                | H                   | +                   | \$15,001 - \$50,000<br>\$50,001 - \$100,000   | <u> </u>   | Se s "N.   | · 6      |
|                 |  |  | <del>                                     </del> | †                       | <u> </u>   |                                  | ×                   | 十                   | \$50,001 - \$100,000<br>\$100,001 - \$1,000,000   | V <sub>II</sub>  | peci for bound was was   |          |
|                 |  |  | 1  | †                       |  |                                  |                     | +                   | \$1,000,001 - \$5,000,000   | <u> </u>   | The state of the s |          |
|                 |  |  |  |                         |  |                                  |                     | +                   | 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 IRAs, 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.   |          |
|                 |  |  |  |                         |  |                                  | fi                  | S (partial)         | ν φ. ν.   | If only a portion of an asset is sold, please indicate as follows:  (S) (partial)  | Indicate if the asset had purchases (P), y sales (S), or exchanges (E) exceeding \$1,000 in reporting year.  |          |

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Name ALAN GRAYSON

Continuation Sheet (if needed) 7 8 Ħ 8 And Trust Bend Binni Stock Clayo Options Asset and/or income Source Bullian R.Nor Band Bilbon Kiser Itali CTM Media Stack-105 Sough Annaly Ophlers Do Parquier Cash Howas Stock Alsurs Munstock WSW Exchange Find Units That Sowings Plan I Find Du Pasquier Cash Annaly Stock Disney Spock Euro Parke Cash Fast Good Indones a Stock tamana stack PUC Cash busellar Group Stock BLOCK A ➣ None X Ø X **\$1 - \$1,000** × × C \$1,001 - \$15,000 X O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B חד X \$100,001 - \$250,000 O H \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \_ \$5,000,001 - \$25,000,000 ズ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 XX X X × NONE × × × × × DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Other Type of Income (Specify) X X X X X None X X = \$1 - \$200Amount of Income \$201 - \$1,000 ≡ 7 × \$1,001 - \$2,500 < BLOCK D \$2,501 -- \$5,000 ≤ \$5,001 - \$15,000 ¥ V IIV እ \$15,001 - \$50,000 \$50,001 - \$100,000 X ⋝ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction 725 orche dute BLOCK E マ முற

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| None  | SCHEDULE III — ASSETS AND          |  | Name /   |  |                        |
|--|------------------------------------|--|--|--|------------------------|
| None  | BLOCK A Asset and/or income Source | BLOCK B Year-End Value of Asset  | BLOCK C Type of Income   |  | BLOCK E<br>Transaction |
| None   |                                    | B C D E F G X - L X  |  |  |                        |
| None   St - \$1,000   St - \$1 |                                    | 00,000   |  | 000  | шõ                     |
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|  | K                                  | 1  | $\overline{}$  |  |                        |

Name ALAN GRAYSON

Page 5 of 6

SCHEDULE IV - TRANSACTIONS

| 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. | erty held for investment that exceeded at Note: Investment that exceeded at Note: Investment that exceeded at Note: Investment that exceeded at the exceeding transfaction. 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 asset is sold, please so indicate (i.e., "partial sale"). See example below. | or dependent child during the reporting period of any security or real prop- |
|---|--|--|
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|      |              | Ste ing) springs name change etc. | Socs not include bankrupteixs (Apac, | DC HBC DATIONS | HBC Ophais |          | 1, 1,    |          | 2        | 11 11 11 | 143C O*Nois (425) | Annaly Options | Anal   | SP Example: Mega Coporation Common Stock (partial sale) | Asset   | action. Exclude transactions between you, your spouse or dependent curredren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  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. |                |                            |
|------|--------------|-----------------------------------|--------------------------------------|----------------|------------|----------|----------|----------|----------|----------|-------------------|----------------|--------|---|---------|--|----------------|----------------------------|
|      |              |                                   | <u> </u>                             | -              | -          | -        |          |          |          |          |                   |                |        |   |         | PURCHASE   | _              | Type of Transaction        |
|      |              |                                   | -                                    | -              | -          |          |          |          |          |          | -                 | ×              | X      | ×   |         | SALE   |                | Type<br><sub>Bnsacti</sub> |
|      | <br>         |                                   |                                      |                | _          |          |          |          | -        |          | -                 | <u> </u>       |        |   |         | EXCHANGE   |                | 9                          |
|      |              |                                   |                                      |                |            |          |          |          |          |          |                   |                |        |   |         | Check Box if Ca<br>Gain Exceeded   | pital<br>\$200 |                            |
|      |              |                                   |                                      | 11-12-09       | M- 7 07    | 11 m     | 11-23-09 | 11-18-09 | 11-16-09 | 11-13-09 | 11-12-09          | 3-12-09        | 1-2-09 | 10-12-09  |         | Quarterly,<br>Monthly, or<br>Bi-weekly, if<br>applicable   | (MO/DAY/YR)    | Date                       |
|      |              |                                   |                                      | ×              | . >        | <u> </u> | ×        | ×        |          |          | ×                 |                |        |   |         | \$1,001-<br>\$15,000   | æ              |                            |
|      |              |                                   |                                      |                |            |          |          |          | ×        | X        |                   | ×              | ×      | >   | 1       | \$15,001-<br>\$50,000  | ဂ              |                            |
|      |              |                                   |                                      |                |            |          |          |          |          |          |                   |                |        |   |         | \$50,001-<br>\$100,000   | 0              | ğ                          |
|      |              |                                   |                                      |                |            |          |          |          |          |          |                   |                |        |   |         | \$100,001-<br>\$250,000  | m              | Amount of Transaction      |
|      |              |                                   |                                      |                |            |          |          |          |          |          |                   |                |        |   |         | \$250,001-<br>\$500,000  | п              | 으                          |
| <br> | <br><u> </u> | 1_                                |                                      |                |            |          |          |          |          |          |                   |                |        | 1   |         | \$500,001-<br>\$1,000,000  | മ              | rans                       |
|      |              |                                   |                                      |                |            |          | _        | _        |          |          |                   |                | 1      | 1   | 1       | \$1,000,001-<br>\$5,000,000  | <b>I</b>       | acti                       |
| <br> | <br>_        |                                   | _                                    |                |            |          | <u> </u> | <u> </u> |          |          |                   |                |        |   |         | \$5,000,001-<br>\$25,000,000   | <br>           | 일                          |
| <br> | <br>-        | $\perp$                           |                                      | $\perp$        |            |          | _        |          |          |          | _                 |                |        | 1   | $\perp$ | \$25,000,001-<br>\$50,000,000  | د              |                            |
| <br> | <br>         |                                   |                                      |                |            |          |          |          |          |          |                   |                |        | _[_   |         | Over<br>\$50,000,000   |                | <u> </u>                   |

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Page 6 of

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

a spouse or dependent child that is totally independent of his or her relationship to you. 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 or were paid by you and reimbursed by the sponsor.

| a doction or achainment and the state of |            | -  |                   |                | _                                   |   |
|--|------------|--|-------------------|----------------|-------------------------------------|---|
| Source                                   | Date(s)    | City of Departure - Destination - City of Return | Lodging?<br>(Y/N) | Food?<br>(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                                    |
| Examples: Roycroft Corporation           | Aug. 6–11  | DC—Los Angeles—Cleveland                         | ~                 | ~              | Υ                                   | 2 Days                                  |
| Mahr Live Inc                            | Oct. 16-17 | X-Los Angeles-Whole                              | ×                 | ۲.             | N N                                 | none                                    |
|  |            |  |                   |                |                                     |   |
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|  |            |  |                   | ·              |                                     |   |

## SCHEDULE VIII—POSITIONS

Name ALAN GRAYSON

Page For 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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

zations); 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 political parties and campaign organi-

| Position        | Name of Organization   |
|-----------------|--|
| Trustee         | GSA Telecommunications Trust   |
| Truster         | Gray in Foundation   |
| Director        | AMG True   |
| Officer/Dingles | Grayin Consulting, Inc.  |
| Office-Domictor | 38296 Yukon Inc.   |
| Menber          | Conted Mobile Technologies, Inc.   |
|                 | The state of the s |

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. 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

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
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