<b>₹</b> ×	d because Yes	isactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, tran	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spother meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
<b>₹</b> ×	ed. Have you Yes	d certain other "excepted trusts" need not be disclos	on Ethics and dependent ch	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?
	SWER EACH OF THESE QUESTIONS	- AN	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part mu appropriate schedule attached	<b>₹</b> ×	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.
8	ngement with	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.
. ₹ □	efore the date Yes		S <sub>S</sub>	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> ×	e reporting Yes		×	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.
¥ ×	ating more Yes	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.	S S	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 X
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
iore men	30 days late.	Termination Date:		Report X Annual (May 16, 2011) Amendment
essessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Filer X Member of the U.S. State: New York Status House of Representatives District: 19th
11.11.1	1.5. BUI <b>(Office Use Only)</b>			
	2011 JUN 18 FH 3: 1	Daytime Telephone: 202-225-5441	Daytime	Name: Nan Hayworth
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VERE!	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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Page 2 of 26

#### 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.

	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
1	State of Maryland	Legislative Pension	\$9,000
т.хатріва:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	*
Aema		Physician's Advisory Board fees (spouse)	\$3,000
Commu	Community Mutual	Board fees (spouse)	\$7,617
Guidepo	Guidepoint Global	Consulting fees (spouse)	\$1,542
Health	Health Net of Northeast	Advisory Board fees (spouse)	\$1,300
Dr. Robe	Dr. Robert J. Gennaro, MPPC	Consulting fees (spouse)	\$1,961
America	American College of Obstetricians and Gynecologists – Congress	Board meeting fees (spouse)	\$5,917
America	American College of Obstetricians and Gynecologists - District II (New York State)	Board meeting fees (spouse)	\$28,800
McVeig	McVeigh Associates	Consulting fees (spouse)	\$3,500
Mount Ki	Mount Kisco Medical Group	Spouse salary	N/A

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Nan Hayworth	
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Page 3 ot 26	
of 26	

# SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

								Not applicable		Association of American Associations, Washington, DC	Source	
									Article	Speech	Activity	
									Aug. 13, 2010	Feb. 2, 2010	Date	
	- Commission of the Commission						The state of the s		\$500	\$2,000	Amount	

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Spacker buy proc			Bedford Parent L Mount Kisco, NY				Examples		ment accounts which are not a the name of the institution hol value at the end of the reportin For rental or other real property vide a complete address.  For an ownership interest in a that is not publicly traded, stances, the nature of its activities homes and vacation homes from a Block A.  Exclude: Your personal resist homes and vacation homes income during the reporting partial ing \$5,000 or less in a persi accounts; and any financial inte from, a federal retirement pro Savings Plan.  If you so choose, you may in child (DC), or is jointly held with optional column on the far left.  For a detailed discussion of S please refer to the instruction I	Provide complete name not use ticker symbols.) For all IRAs and other plans) that are self-directhe power, even if not the power.	identify (a) each of income with a the end of the reportable asset more than \$200 in	Asset
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oad F		d Proy	NY F	thesi	Roam	ist B	Simo	MeQ.	h are in the rep he rep as proyers as proyers. It is activitied as activities	mes o	et held mark corring cource	PE BE
Spackenkill Road Properties LLC - option to bury properties it currently lesses, used as a	Mount Kisco Surgery Center, LLC operates Ambulatory Surgery Center, Mount Kisco, NY	Huntville Road Properties LLC owns real esti used as clinical business in Katonah, NY	Bedford Parent LLC owns two buildings in Mount Kisco, NY	Bedford Anesthesia PLLC, Mount Kisco, NY	34 S. Bedford Road Assoc. LLC- partially own Surgery Center of Westchester, Mount Kisco.	tet Benk of Peducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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 location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt Savings Plan.  If you so choose, you may indicate that an esset 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 III requirements, please refer to the instruction bookles.	Provide complete 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 not exercised, to select the specific investments), provide the value for each asset held in the content of the select the specific investments.	identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	BLOCK A Asset and/or Income Source
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			1255		2	3.4	Z	3.5	\$1 -\$1,000	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	
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	×	×		7 (23)	×	ĝέ,	6	7. si	\$15,001 - \$50,000		value year. other	¥8
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<u></u>			8.11		તી, હોર્સ્યુ			23	Over \$50,000,000	<b>6</b> # C		
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				35 77			Ŷ.	×	DIVIDENDS	may check Dividends, gains, even gains, even disclosed as if the asset g ing the report	Check all columnitation retirement according to choose so that generate (such as 401(k	
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1 (V)							10.7		INTEREST		<b>美麗 8 8 8</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	<b>7</b> 2
				122 S.J.	<u> </u>	1		×	CAPITAL GAINS	may check the "No Dividends, Interest, gains, even if relieves disclosed as income. If the asset generated in the reporting period.		BLOCK C
partnership income	partnership	partnership income	partnership income	partnership income	income		Royalles		EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	- 유도 <b>로</b> # 로	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	ome
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		. 32			1	£	1	1	\$1,000,001 - \$5,000,000 ×	indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	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 "None" column. For all other assets,	<u> </u>
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cinical business in Poughkeepse, NY

For additional assets and unearned income, use next page.

Continuation Sheet (if needed) ŝ Ŗ ¥ 5 9 æ Vanguard Europe Pacific ETF Vanguard Emerging Markets ETF JP Morgan Chase & Co (SP shares add 2010; DC shares sold 1,5-11) Dell inc Citibank NA S, Dak. Bank Deposit Program Misys PLC - GBP Yum Brands Inc General Electric Co Exxon Mobil Corp Conoco Phillips Clsco Sys Inc Apple inc International Business Machines Corp Western Asset NY Muni Money Market Fun Pepsico Inc Hewlett Packard Co Motorola Inc Intel Corp CostCo Wholesale Corp Pfizer Inc Merck & Co Inc Asset and/or income Source spouse, and dependent children. in separate accounts of filer, filer's Some stocks on this page are hel Their holdings are combined ➣ None × 8 \$1 - \$1,000 ×× × × C \$1,001 - \$15,000 ×× × × × × × O \$15,001 - \$50,000 Value of Asset × × × m × × \$50,001 - \$100,000 Year-End BLOCK B T G \$100,001 - \$250,000 \$250,001 - \$500,000 × \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 木 \$25,000,001 - \$50,000,000 Over \$50,000,000 × × × × NONE × ×× × × × × × × × × × DIVIDENDS RENT × × INTEREST of Income BLOCK C × × × **CAPITAL GAINS Type** EXCEPTED/BLIND TRUST Name Other Type of income (Specify: e.g., Partnership Income or Farm Income) Nan Hayworth × × × None × X **'X** × × \$1 - \$200 X XI MIA IIA KA A AT III H × × Amount of Income × × × \$201 - \$1,000 × ×, × × \$1,001 - \$2,500 BLOCK D \$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 Page partial sale partial sale partial sale partial sale Transaction purchase purchase BLOCKE (J) пοσ of 26

Name Nan Hayworth

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Name Nan Hayworth

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Continuation Sheet (if needed) ş æ Ą Ξ 8 ş æ SP Goldman Sachs Group Inc. (sold)

Rourt Keep Medical Group Incentive Savings and Profit
Sharing Plan (sepata lighed below)/filler & spouts?

Contratiund (Fidelity) æ Fidelity Cash Reserves Fidelity Balanced Fidelity Puritan CMS Bancorp Inc. Fidelity NY AMT Tax-Fred Money Market Fidelty Cash Reserves Fidelity Balanced Fidelity Puritan Asset and/or income Source Sel Mid Cap Growth II (TRP/Frontier) Growth America (American) Sel Overseas (MFS/Hrs/Alber) NFJ Small Cap Value (Allianz) Sel Fundamental Value (Wellington) Sel Diversified Value (Im Sis/Brywn) Sel Focused Value (Harris) Sel Small Cap Growth Equity (Wellington) Premium In'tl Equity (OFI Inst) BLOCK A ×  $\triangleright$ None Φ \$1 - \$1,000 × ဂ × × × \$1,001 - \$15,000 Ö × \$15,001 - \$50,000 × Value of Asset M, × × × × \$50,001 - \$100,000 Year-End BLOCK B ŢŢ Х × \$100,001 - \$250,000 Ö × \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ھ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 É Over \$50,000,000 × × × × × × × × × NONE × DIVIDENDS RENT INTEREST × × of Income BLOCK C × **CAPITAL GAINS** Type EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm income) × × × × × × × × × None × × × × × × × \$1 - \$200 Amount of Income X XI MIN IN N N N X \$201 -- \$1,000 × × \$1,001 - \$2,500 BLOCK D \$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 Transaction Sale BLOCKE ரு. வூ ரா

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name Nan Hayworth Page\_8\_ of 26

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Asset and/or income Source			Rowe Price international Equity Index	T Rowe Price International Growth & Income	Convergence CT	Utah 329 Educational Savings PlanInst Index S&P 500	New York 529 College Savings Program:	Mid-Cap Stock Index	Growth Stock Index	Value Stock Index	Small-Cap Stock Index		Fidelity Contrafund	MSIF Small Co Growth I	Fidelity Diversified international	Eaton Vance Large Cap Value!	MedClaims Liaison, LLC Ridgefield,CT	uderan Brothers Life Insurance				AMMANATOR TO	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Name Nan Hayworth

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Nan Hayworth Page 13 of 26

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BLOCK A Asset and/or income Source		1		<b>≲</b>	BLOCK B Year-End Value of Asset	BLOCK B Year-End	<b>₹</b> ₩ 8	SS D B	<u>ğ</u>							<u>역</u>	BLOCK C Type fincon	Type Income	ne Y	1		BLOCK D Amount of Income	<u> </u>	Int of Ir		ୁ ଅ	ğΙ			BLOCK E Transaction
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Nan Hayworth

Continuation Sheet (if needed) 5 8 ş Medison County NY IDA Civic Fac Rev Colgula Univ PJ-A 7/1/54 Coff On Sec 10 A 1972 Presbymian Hosp FFIX Mig Hip N.Y.S.DA Henri Stoen-Kettering Cancer Ctr Rev Sr 1 Ber DD 9/15/39 New York St For Issues DTD Prior to 3/20/09 see 649787 49KA 11/16/36 City of New York Gent Oblig Bands-G1 12/15/35 N.Y.S Env Fac Corp & Clean Wir & Drining Wir Rwig Fund New York City QIO Ser G 12/1/34 N.Y.S En Fac Corp St Cleen Wir & Ditaliong Wir Rvig Fund RY.A. 11/15/24 Y.Y.C. Mun Wir Fin Au WSS Sys Rv Second Gen Resolu Vew York NY City Transitional Fin Auth Birdy AJD Rev Femal 2006-S-1 1/15/38 N.Y.C Mun Wir fin Au W&S Rev 2nd Gen Resolution New York NY For Prior leaves See 64986G 5/15/36 York Audh NY & NJ Ser 135 XL Capital 9/15/85 tew York City G/O Ser M 4/1/35 York City Mun Fin Au Wir & Swr Sys Rev Ser D ew York City Mun Wit Fin Au Wit & Swr Sys Rv 2nd Gen law York NY City Mun Wir Fin Auth Wir & Swr Sys Rev letropolitan Transn Auth NY Rev Transn-A. 1915/3: Asset and/or income Source Propolition Taptin Au NY Deditated Tax Fund Ser 8 tropolium Tup Tin Au NY Taptin Rev Ser A FGIC 11/15/3 tropolium Transm Auth NY Transp Rev Bonds Ser 2006 **BLOCK A** None 8 \$1 - \$1,000 C \$1,001 - \$15,000 × × × Ö \$15,001 - \$50,000 Value of Asset × × m × × × \$50,001 - \$100,000 Year-End BLOCK B × 'n \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٠. \$5,000,001 - \$25,000,000  $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT **Ж** \* \* ×× , **3 \*** INTEREST ુજ × × of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 **\*\*** Amount of Income = \$201 - \$1,000 7 × \$1,001 -- \$2,500 × × < × × × × \$2,501 - \$5,000 < \$5,001 - \$15,000 XII VIII IX \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 -- \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E 6 ா ு ம of 26

Continuation Sheet (if needed) 8 8 5 8 92 ş 왕 8 DC New York St Dorm Auth Revs (not Manhattanville College 77774 City of New York Gent Ottig Bands-G1 12/15/28 န æ æ DC Metro Transn Auth NY-Em Trans Facs Rev O 7/1/14 æ ¥ DC New York St UDC Correctional Facts Rv Ser F 1/1/13 DC 77/1/2 New York Ser D (also named New York For Prior Issues See 640000) 81/17 (84) call) Puerto Rico Sales Tax Fng Corp Sales Tax Rev Rtbg-First 8/141
New York City IDA Pilot Bonds (Queens Beedball Stad PJ) Sect B. 11/15/23 (full cell) New York City Transitional Fin Au Future Tax Sect B New York City GIO Ser E 8/1/11 (full call) New York City Ser D MBIA-IBC 2/1/11 assets transferred from spouse New York St Mitg Agy Homeowner Mitg Rev Ser 67 4/1/11 New York St Mitg Agy Homeowner Mitg Rev Ser 67 41/10 New York NY City Transitional Fin Auth Rev Future Tax New York NY Ser A Gen Oblig 8/1/13 (full cell) New York NY Ser H 8/1/11 (full cell) New York NY Ser 8 12/1/11 (original meturity date letropolitan Transm Auth NY Transp Rev Bonds Ser 2005 Asset and/or income Source York City GIO Ser I 8/1/24 BLOCK A × × × Þ None 8 \$1-\$1,000 O \$1,001 - \$15,000 × × × × × × ۵ \$15,001 - \$50,000 Value of Asset П × \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 G \$250,001 - \$500,000 Į \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٤., \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 NONE × × DIVIDENDS RENT × × INTEREST × of Income BLOCK C × × × **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Name Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Nan Hayworth × × None × \$1 - \$200 = × Amount of Income \$201 -- \$1,000 × × × \$1,001 - \$2,500 BLOCK D \$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 Page 17 of 26 Transaction Pertina sala purchase Ĭ ŧ BLOCK E ŧ ரை வ

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Name Nan Hayworth Page 19 of 26

Report an or depend enty held	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	of Tr	Type of Transaction	tion		Date	ite					Amount of	Amount of	Amount of	Amount	Amount of
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dren, or the ates rents (i.e.,	dren, 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.	HASE		IANGE	Box if C	xceeded		or Quarterly, Monthly, or	Quarterly, Monthly, or	Quarterly, Monthly, or	Quarterly, Monthly, or	Or Quarterly, or	Or Quarterly, or	Monthly, or  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,  Ouarterly,	Monthly, or  Ouarterly,  Ouart	Monthly, or
Capital G of \$200, c	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	PURC	SALE	EXC	Check		Gain E	Gain E	Gain E Bi-weekly, if applicable	Gain E Bi-weekly, = applicable 115,000	applicable = 11,001-115,000 115,001 1550,000 1550,001	applicable #1,001-115,000 #15,000 #15,000 #15,000 #15,000 #100,00 #100	30 Weekly	30 Week   September   Septembe	Gain E  By Weekly,  11,001- 115,000 15,001 15,001 15,000 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00 1500,00	300 E
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Sp.	Home Depot Inc		×			×	X 12-31-10		12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10
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क्ष	MedCo Health Solutions Inc (pertial sale)		×			×	X 12-31-10		12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10
æ	Monsanto Co		×				12-31-10	12-31-10 X	<b>-</b> 2 34	<b>-</b> 2 34						
æ	Select Sector Spdr Tr		×				12-31-10	12-31-10	N. W. da	N. W. da						
S B	Vanguard Europe Pacific ETF	*		16. 16.			12-31-10	12-31-10			×	×	X	×	× (2.3%)	× (2.3%)
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क्ष	JP Morgan Chase & Co		×			×	X 12-31-10		12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10	12-31-10 X	12-31-10 X
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Name

Nan Hayworth

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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 held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange trans.	transactions by you, your spouse, beriod of any security or real prop- \$1,000. Include transactions that of Transaction  \$1,000. Include transactions that of Transaction	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 resulted in a capital kass. Provide a brief description of any exchange trans.	of Transaction Date Amount of Transa
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New York St For Issues DTD Prior to 3/20/09 See 649787  (maturity date 3/1/40)  New York NY City Transitional Fin Au Future Tax Secol B (maturity date 11/15/23)(full call)  New York NY Ser H (maturity date 8/1/11)(full call)  New York NY Ser A Gen Oblig (maturity date 8/1/13)(full call)  Puerto Ricc Sales Tax Fing Corp Sales Tax Rev Ridg First  X 3-1-10  1-21-10  8-9-10	es DTD Prior to 3/20/09 See 649787  ansitional Fin Au Future Tex Secd B  23/(full call)  (maturity date 8/1/11)(full call)  X  Sen Obilg (maturity date 8/1/13)(full call)  X	New York St For Issues DTD Prior to 3/20/09 See 649787 (maturity date 3/140)  New York NY City Transitional Fin Au Future Tex Secd B (maturity date 11/15/23)(full call)  New York NY Ser H (maturity date 8/1/11)(full call)	New York St For Issues DTD Prior to 3/20/09 See 649787 (maturity date 3/1/40)  New York NY City Transitional Fin Au Future Tax Secol B (maturity date 11/15/23)(full call)	New York St For Issues DTD Prior to 3/20/09 See 649787 (maturity date 3/1/40)		Sp (matured 4/1/10) X 4-1-10	X	n Res	Sp New York City G/O Ser I (maturity date 3/1/33)	SP (maturity date 11/15/36)  Metropolitan Tspth Au NY Tspth Rev Ser B  SP (maturity date 11/15/36)  9-8-10	SP New York NY Ser D (also named New York NY For Prior Issues See 64986G (maturity date 6/1/17) X 9-15-	SP New York City G/O Ser E (maturity date 8/1/11)(full call)	Sp New York NY City Hag Dev Corp Multifamily Hag Rev (maturity date 11/1/35)	SP New York St Mtg Agy Homeowner Mtg Rev Ser 67 (maturity date 4/1/11)(full call) X 12-23	New York St UDC Correctional Facts Rev Ser F  (maturity date 1/1/13)(part call)  1-4-	Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	resulted in a capital loss, Provide a brief description of any exchange transactions. 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 esset 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.  (MO/I	Type of Transaction
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				×××	××	×	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×	************ <b>X</b>	×		×	×	×	×	×		\$1,001-	
		<b>X</b>			×	×	×	**************************************	×	×			×	*	<b>X</b>	×		\$1,001- \$15,000 >	
	<u>``</u>	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	×				×	**************************************	<b>X</b>	*** ( )		×	<b>X</b>	*		<b>×</b>		\$1,001- \$15,000 \$15,001- \$50,000	
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Report any	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-	of Tr	Type of Transaction	ction		Date			Απ	ğ	Amount of	Tran	Transaction			
resulted in action. Exc	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-				apital i \$200	(MO/DAY/YR)	Ą	Œ	Ç	0	iu i	TI.	Ω	1		<u>د</u>
ates rental cate (i.e.,	dren, 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.	HASE		ANGE	Box if Cocceded	or Quarterly, Monthly, or				1- 0	1-	1-	)O1-	01-	,001-	,000
Capital Cu of \$200, ch	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	PURC	SALE	EXCH	Check I Gain E	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 \$1,000,6	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000	\$25,000 \$25,000 \$50,000	Over \$50,000
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S C C C C C C C C C C C C C C C C C C C	Example: Meda Comporation Common Stock (partial sale)		×	2 2		10-12-10		×			1		1	Ť		_
٩	L									1	1	T	1	1		
D02	Lord Abbett Developing Growth (partial sale)		×	1		64 10	Ę	r \$1,000	8		,			<u> </u>		
DC22	Royce Premier Fund Inv Class (partial sale)		×			6-4-10	under	\$1,00		ĺ				<u></u>		
DC1	Alger SmallCap Growth (partial sale)		×	labasa.		6-4-10	unde	\$1,000	8				1			
ន្ទ	Royce Micro-Cap Fund Inv Class (pertial sale)		×			6-4-10	epun	<b>*</b> 1,00	8	***************************************		**********				
D02	Harbor International Fund (partial sale)		×			7-23-10	ur de	\$1,000				3 2121	los (			
DC2	Harding Loevner Emerging (partial sale)		×			7-23-10	ş	\$1,000		····	žv z 3	<del></del>		*,>		
DC1.2	Fundamental investors Fund (partial sale) (combined accounts)		×			7-23-10	×									
8.	AlianceBernstein Int'i Value (pertial sale)		×			7-23-10		\$1,000								ì
DC1	Lazard Emerging Markets Equity (partial sale)		×			7/23/10		\$1,000				5.3.0				
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#### SCHEDULE V— LIABILITIES

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, 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 sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

J D SP						
Creditor	Example: First Bank of Wilmington, DE	None		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
Date Liability Incurred Mo/Year	May 1998					
Type of Liability	Mortgage on 123 Main St., Dover, DE					
\$10,001- \$15,000 >						
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#### **SCHEDULE VI— GIFTS**

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
Not applicable		

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	Nan Hayworth	
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l	26	

# 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.

	and machine on the	or the second section of the second				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food?	Was a Family Member included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	rce Mar. 2		Z	z	2	None
Roycroft Corporation	,	DC—Los Angeles—Cleveland	Υ	~	<b>~</b>	2 Days
Not applicable						
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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 nonprofit 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 I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
Class Agent Representative, Annual Giving Committee	Princeton University

#### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or 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
January 1997	Mount Kisco Medical Group, P.C.	Retirement plan 401(k) (assets listed on Schedule III)
October 2006	Mount Kisco Medical Group, P.C.	Separation pay (no duties): 5-year buyout of \$13,812.36 per year; terminates Sept. 1, 2011
July 2006	Bedford Parent LLC	Buyout of real estate (no duties)(over \$29,500 at time of retirement) :
		5-year buyout of \$7,587.96 per year, terminates July 1, 2011
September 2008 Omnicom	Omnicom	Retirement plan (assets listed on Schedule III)