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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Ladda T. Duckworth
Page Z 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.

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Police (include data of receipt for honorarie)	Type	·Amount	ınt
Octice (include date of teceptor or frontaina)	1)00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples. XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
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USAA I	85	30	X¥ A	USAA Checking	IL COMM CORNIT UNDW-CHKA		Examples:		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 totalinceme during the reporting period); any deposits totalinceme during the reporting period); any deposits totaling \$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 III requirements, please refer to the instruction booklet.	BLOCK A 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 reportable asset or sources of income which generated more than \$200 in "unearned" knowne which generated more than \$200 in "unearned" knowne during the year. 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 account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
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SCH	SCHEDULE II — ASSETS AN	AND "UNEARNED" INCOME		Name Lada T. Duckwort+	RTI+ Page 4 of
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ladda T. DUCKWORTH

Page 6 of

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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SCHEDULE III — LIABILITIES

Name LADDA T. DUCKWORTH

Page 8 of

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 sibowed 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

л SP,	Creditor Example: First Bank of Wilmington, DE	Date Liability Incurred mo/year	Type of Liability Mortgage on 123 Main Street, Dower, DE		\$10,001	\$15,000 CD \$15,001— CD \$50,000 CD	\$15,000 UI \$15,001 UI \$50,000 UI \$100,000 G	\$15,000 UI \$15,001 UI \$50,000 UI \$100,000 G	\$15,000 UI \$15,001 UI \$50,000 UI \$100,000 G	\$15,000	\$15,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street,	Dover, DE	Dower, DE	Dover, DE	Dower, DE X		X	X	X
	Sallie Mac	Aug 2001	Student Loans	NS	V S						X
7	USAA Mortage Servius Auguil Mortage on 612 Hus	100 Pau A	Mortgage on 612	2 Housh Blud	<u>6</u>	(bld)	(bld)	Bld X	(bld) X	Bld X	Chiul X
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SCHEDULE IV — POSITIONS

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 officer, 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.

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 partice

and positions solely of an nonorary nature.	nature.
Position	Name of Organization
Member	Pacific First Health Solutions LLC

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Name	
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				Date
			NONE	Parties To
			こみ	Terms of Agreement

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 recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Frample: Doe Jones & Smith, Hometown, Homestate	Accounting services
NONT	NA