No P	Yes	ependent child	ties of a spouse or de committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" 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 Ethics.	arned" income ss you have fin	y other assets, "une ot answer "yes" unle	m this report an xemption? Do no	ave you excluded from	EXEMPTION — H because they mee
<u>ج</u> اخ	Yes 🔲	ot be	cepted trusts" need not be nt child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	nittee on Ethics ting you, your :	proved by the Comr f such a trust benef	Blind Trusts" ap report details o	regarding "Qualified ou excluded from this	TRUSTS—Details disclosed. Have yo
T	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	AATION — ANSI	TINFORM	NT, OR TRUS	DEPENDE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
	esponse.	each "Yes" r	ule attached for each "Yes" response.	answered and the appropriate schedu	i and the a	st be answered	this part mu	Each question in this part must be	П
ਣ ਵਿੱ	% □	\$5,000 from	pensation of more than \$5,000 from g prior years? bach Schedule VI.	VI. Did you receive compute single source in the two if yee, complete and atta	<u>s</u>	* Yes	ilid have any reported?	III. 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 III.	III. Did you, your spoable liability (more the second to t
S E	6	rangement	ortable agreement or arrangement ach Schedule V.	V. Did you have any reportable agreemen with an cutside entity? If yes, complete and attach Schedule V.	8 □	iod? Yes	lld receive "unearr eriod or hold any the end of the per	II. 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 II.	 Did you, your spo ncome of more than reportable asset wor if yes, complete and
S C	Yes □	before the date or two years?	ortable positions on or the price that year or in the price. Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No []	Yes	ome (e.g., salaries reporting period)	 Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? yee, complete and attach Schedule I. 	. Did you or your sp ees) of \$200 or more f yee, complete and
				ANSWER EACH OF THESE QUESTIONS	OF THESI	SWER EACH	1	PRELIMINARY INFORMATION	RELIMINAR
						ink.	In blue or black	In all sections, please type or print clearly in blue or black ink	n all sections, pleas
who files	0	against any individual more than 30 days late	Amendment	PIOP MAIL	Election:	Employing Office:			Status
	(Office Use Only)		Check if		Date of	State: Michigan	State	Candidate for the	
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ingo 1 of	.EGISLATIVE RESOURCE CENTER	EGISLATIVE R	0	FORM B		NTATIVES	REPRESE	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STAT

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Namo Robert McKenzie	
Page 2 of 2	

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.

	•	hunomA	unt
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
NIA	NIA	Q	Ø

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					7	Π	Exa		income during the reporting period; any deposits botal- 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 depen- dent 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 location in Blook A.	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.	For all IFIAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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 "uneamed" income during the year.	2	
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									DIVIDENDS			during the reporting period.	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, informat, and control colors	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments at that generate tax-deferred income (such as 401(k)	4	
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SCHEDULE III — LIABILITIES

Name Robert McKenzie

Page Y of Y

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 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.

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				Sallie Mae	Example: First Bank of Wilmington, DE	Creditor	
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				Muydry Student Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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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-

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 nocitions solety of an honorary mature.

and positions solely of an honorary nature.	ature.
Position	Name of Organization
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SCHEDULE V — AGREEMENTS

Name Robert McKenzie Page Sol S

efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or c	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employmen	
	the U.S. Government; or continuing participation in an employee welfare or ben-	spect to: future employment; a leave of absence during the period of government	

Date	Parties To	Terms of Agreement
	None	

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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
MIJONE	