No	ild Yes 🔲	ependent ch	ities of a spouse or dommittee on Ethics.	, transactions, or liabilits st consulted with the C	arned" income ss you have fin	er assets, "une wer "yes" unle	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.
S S	Yes 🖸	of be	cepted trusts" need r nt child?	s and certain other "exc spouse, or a dependen	nittee on Ethics ting you, your	d by the Comr ı a trust benef	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 a dependent child?
S	EACH OF THESE QUESTIONS	OF THES	ANSWER EACH	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	s" response.	each "Ye	ule attached for each "Yes" response.	ppropriate sched	d and the a	e answere	Each question in this part must be answered and the appropriate sched
N _N	Yes	\$5,000 from	pensation of more than g prior years?	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	№	Yes 🔽	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.
S S	Yes	rrangement	ortable agreement or a tach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	_S	Yes 🔲	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.
No No	" Yes 🔽	before the dat or two years?	ortable positions on or lendar year or in the pri tach 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.		Yes 🖸	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.
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE
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assessed	\v	A \$200	Check if Amendment	1/20/11	Date of Election:	7.	Filer Candidate for the State: House of Representatives District:
	(Office Use Only)	000					
		 //		Daytime Telephone:	Daytime	1687	Name: CALVIN TO. THRNAUEST
ERK	U.S. HOUSE OF REPRESENTATIVES	<u>င်း</u> (၁)					
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name CALVIA I WRAWCEST
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t 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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						Examples:		mess, the nature of its location in Block A. Exclude: Your personation in Block A. Exclude: Your personation had a property of the repoint of the Thrift Savings Plan. If you so choose, you income source is that the Thrift (DC) or is join in the optional column of the repoint of the instruction of the instructio	an ownershi	rental or other	all IRAs and ns) provide to count that exc	Provide complete names o (do not use ticker symbols).	ntify (a) each recome with a recome with a end of the cortable asset re than \$200	Asset a	
				015	1st Bank of Paducah,	Simon & Schuster	SP Mega Corp. Stock	ness, 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 55,000 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 II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not sublick traded, state the page of the business.	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 IRAs 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 "unearned" income during the year.	Asset and/or Income Source	BLOCK A
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						Royaties		Other Type of Income			N Con	3 €	\$ 0 0 0 X	(D	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name CAWIN TURNOURT Page 2 of 2

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name CARINA TURN OLUEST

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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 sibling 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. 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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,000 A \$15,000 B \$15,001 B	\$50,001— \$100,0000 \Q	\$100,001— \$250,000 D \$250,000 TT \$500,000 T \$1,000,000 T	\$5,000,000	\$25,000,001—, \$50,000,000	Spouse/DC Liability over S \$1,000,000
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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

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 a political party or campaign organization);

and positions solely of all hollolary nature.	GIGITY.
Position	Name of Organization
CHAIRMAN	EDWA W. RUSHER TUTORIAL CENTER
Executive Victoria	Executive DIRECTOR CONCERNED BRUMINAUS ABROAD
MANIC	PARIM BEACH COUNTY BLACK CAYCUS
MEMBER	PALM REACH COUNTY REPUBLICAN GREATIVE COMMITTEE
Memser	PAIN BEACH COUNTY TEA PARTY EXECUTIVE BOARD.

SCHEDULE V – AGREEMENTS

Name / AWIN TURNSUES Page

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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 continuing participation in an employee wellare or ben-	m	
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Date	Parties To	Terms of Agreement
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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