disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?  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.  No.	other "e	DR TRUST INFORMATION — AN	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  No If yes, complete and attach Schedule III.  Yes No III. Did you receive compensation of more than \$5,000 from Yes No III. Did you receive compensation of more than \$5,000 from Yes No III.	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?  Yes No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity?  No If yes, complete and attach Schedule V.	1. 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 Mo IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years?  Yes No III yes, complete and attach Schedule IV.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Status  Candidate for the State: 0 H Date of House of Representatives District: 14 Election: 11 (6 /1)  Status  Check if A \$200 penalty shall be assess against any individual who file employee Employing Office:	Name: // Avin P Toyce Daytime Telephone:    Legislative Resource Center   Valia JAN -8 PM 1: 24     OFFICE OF REPRESENTATIVES     U.S. HOUSE OF REPRESENTATIVES     Office Use Only)	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1,  For use by candidates and new employees  For use by candidates and new employees
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Name

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

Excises: William y bay (Sucri as Ivanional Guard of Insports bay), location continuing programs, and t	12	stiettis tecetyed dituet tite oocial c	Octal Octality Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
	. )	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	<b>\$</b> 3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
beauga lounty	Salary	102,400	102,400
Vanueraty Hospital	Sporse Salony	2/2	12/
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					`	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fare	rm Incom	e)	Type of Income  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 may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
							×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000  None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continu	Continuation Sheet (if needed)		, -	Name	Pageof
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SCHEDULE II — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name	Page
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#### SCHEDULE III — LIABILITIES

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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

			SP, DC, JT
		Example:   First Bank of Wilmington, DE	Creditor
		May 1998	Date Liability Incurred mo/year
		Mortgage on 123 Main Street, Dover, DE	Type of Liability
			\$10,001— \$15,000
			\$15,001— <b>20</b>
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			Over \$50,000,000

#### 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-

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);

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Position	Name of Organization
DILEctor	Genusa Bluecouts Inc
Directon	Vital Alex+
PARTNER	Reepen by the Fells
Parton	Mid-low healty
Pantaen	Healthy Foods LCC

#### SCHEDULE V — AGREEMENTS

Name SAVID P. JOYCE

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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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
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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
·	