## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name HICHOLAS V. LAMPSON

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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.

						AUSTIN, TEXAS	RUSTIN, TERAS		Harris County, Texas Public Schools Spouse Salary		First Bank & Trust, Houston, TX Director's Fee	XYZ Corporation, Houston, TX Salary		Source (include date of receipt for honoraria)	The second secon
						24,718	70,310	75,200	NA	0	\$400	\$6,300	Current Year to Filing	Am	
									NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount	

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	8	7	#	7		-	မှ	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 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.	For that ness	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	Iden of in the repo morr morr Prov (do ; plan plan plan thave ctfic ctfi
	"	1 2	30	30		Examples:		Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits total income during the reporting period); any deposits otaling \$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 forcome source is that of 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.	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.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	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" income 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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#### SCHEDULE III — LIABILITIES

Name MICHOLAS V. LAMPSON

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owed 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. 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 sib-

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		LIBERTY MATICNAL BANK	Example: First Bank of Wilmington, DE	Creditor
		A DE, 2005	May 1998	Date Liability Incurred mo/year
		MURTGAGE ON 10403 MEADOWEIRS	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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);

Position	Name of Organization
BOARD OF NOVISERS	SPRING BRANCH MEDICAL CENTER, HORITEN, TERKS
BOARD OF ADVISERS	TEXOGA TECHNOLOGIES INC. HOLESTON TEXAS
STUSINGH TO ONNOR	MANAGEMENT RESOURCE EXCUP, PARTAKK, TOKAS
BUNKE OF ABUISIKS	OUTREACH STRATEGISTS, HORSETON, TEXAS
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Use additional sheets if more space is required.

BOARD OF ADVISORS į SENTINEZ SATELLITE, HEISTON, PERIS

COMMITTER MEMBER-NAT'L ASADCIALES OF SCIENCE, SCIAMITTEE ON THE MODERNIZATED OF THE MATICNAL WENTHER SERVICE WASHINGTON, O. C

### **SCHEDULE V — AGREEMENTS**

Name MICHUSAS C. LAMPSON

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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.

Date	Parties To

# 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.** 

3	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
REAM GEMP, STRAUSS, HAVER & FEZO, DALLAS, TX	CONSULTING SERVICES ON SUBJECT AND TRANSPORTATION RELATED MATTERS
ASSOC POR AMBRICATORY BOHAVIORAL HERCTH SAZE PORTSMOUTH VORGINIA	CONSULTING SERVICES ON MENTAL HEALTH
GREEN'VICLE ENERGY, LUFRIN, TEXAS	CONSCENING YERLICES ON HENGLY BLE EXERGY
DUTRENCH STRATEGISTS, HOLSTEN, TERAS	PUBLIC PECLATIONS CONSTITUTION