In all sections, please type or print clearly in blue or black ink

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answere	Each question in this part must b
N _O	Yes	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.	S S	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.
No No	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	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.
Š	Yes 🔀	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	 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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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. 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? Yes Yes <u>8</u> ⊠ <u>₹</u>

SIRIUS XM RADIO	SOUTHWIST AIRLINGS	SORGATE TECHNOLICA	GONERY ELECTRIC (J.	FORD MOTER COMPANY NEW	ExxXV Mobile Corp.	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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 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 II requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.	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" 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, and the self-directed in the self-directed i
X		<u>, </u>		New		KY accounts			r investment, leid business of the business of the business geographic s geographic s geographic was rental leposits total gor savings or income am, including an asset or or dependouse (JT), in eeequirements,	orting period. A	
	*	***	7	×	*	×	Indefinite	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000	BCDEFGHIJKL	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	*	*	*	×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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.
×	×	7	×	×	*	×	×	×	None	Current 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.
×	×	*	×		×	×	×	×	None - \$1 - \$200 =	Preceding Year	BLOCK D 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

Continuation Sheet (if needed)

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SLOSTER LAMOSE COMPANY BANIC OF AMBAICA TIX LESTER LAW CONTROL SFB ENTERPRESS LLC JITHE CHOWN IN ESTATE HOURS B. CHICKIND ESTATE HELEN V. WAN BSTATE BASIC OF AMBRICA INC. PANDENTIAL TUSHIANCE APPLE LOLP. CITIBANK THE Asset and/or income Source **BLOCK A** 'None 0 \$1 - \$1,000 C \$1,001 - \$15,000 > ž X X O × × × \$15,001 - \$50,000 Value of Asset m <u>ېد</u> \$50,001 - \$100,000 BLOCK B Ti \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ㅈ Over \$50,000,000 NONE DIVIDENDS RENT Type of Income × INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED × × × 221.67 Hesentari Hesents O'HE Pivar Distributu Transca Sales INSURANCE 11111 Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Name KATHERANE SAVIOTAS INSCOVERNO × × × None \mathbf{x} \$1 - \$200 ス \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 × \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 BLOCK D × Over \$5,000,000 ヘ X X × ᅩ × None \$1 - \$200 × \$201 - \$1,000 **Preceding Year** × > \$1,001 - \$2,500 × \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 w \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III — LIABILITIES

Name KATHERVALT SAVENS MISSOUTHE

Page 4 of 4

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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-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
		SALLIE MAG		Example: First Bank of Wilmington, DE	Creditor
i		5eff, 1000	BST-miTE	May 1998	Date Liability Incurred mo/year
		STHOGOT LOADS		Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
					\$15,001— \$50,000
		⋉			\$50,001—
					\$100,000
				×	\$100,000 C
				×	\$100,000 C
				×	\$100,000 C
				×	\$100,000 C \$100,001— \$250,000 D \$250,000 m \$500,001— \$1,000,000 T \$1,000,001— \$5,000,000 G \$5,000,001— T
				X	\$100,000 C \$100,001— \$250,000 D \$250,000 M \$500,001— \$1,000,001— \$1,000,001— \$5,000,000 G

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);

_	and positions servery or an individual filations.	S. S
	Position	Name of Organization
	Pather (Marbox	SFB ENTERPOSES, LLC
	PARTUER	LESTER LAND COMPANY
	BENEFICIALLY	HELEN B. GAUGHAN ESTATE
	SHARE HOLDER	GLOSTER LUMBER COMPANY