EPRESENTATIVES FORM B For use by candidates and new employees		ヽ
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(Office	(Office Use Only)	
Filer Candidate for the House of Representatives Candidate fo		assessed who files
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		į
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? Yes No 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	N _O
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 II yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	Yes	№
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No XI Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	Yes	⊗
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	onse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESTION	<u> </u>
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 🔲	N ₀
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.	Yes	N _o

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Namo Michael Coblenz

Page 2 of 5

wceeding \$1 000 See examples below	nore during the preceding calendar year. For a spouse, list the source and amount of any honoraria; lis	ist the source, type, and amount of earned income from any source (other than the filer's current emp	
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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.	ement programs, and benefits re	eceived under the Social	Security Act.
Source (include date of receipt for honoraria)	Туре	Amount	ount 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
Michael Coblerz Albrievat Law, Lexingdon, KY	Dod +	\$12,000	\$23,760
Susana Ward, Psychotherapist, Lexington, KY	ρ_{∞})	110,364
Source Environmental Sciences, Inc. Houston, TX	Pabit		*197,399

None None None S1 - \$1,000 B S1,001 - \$15,000 C S15,001 - \$50,000 C S250,001 - \$5,000,000 C S1,000,001 - \$50,000 C S1,000,001 - \$50,000 C S15,000,000 C S15,000,000 C S15,000,000 C S15,000,000 C S15,000,000 C S250,000 C S250,000,000 C S250,000,	ction Indicate va	Asset and/or Income Source
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Check the "None" category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check the "None" if no income derived from assets solely held by your may checked. S5,001 - \$15,000	Disat 0	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael ablerz

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SCHEDULE III — LIABILITIES

Name Michael Coblenz

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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 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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SCHEDULE IV — POSITIONS

cer, 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. 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 solely of an itolionally hattire.	iaulo.
Position	Name of Organization
Vice President	Source Envionmental Sciences, Inc.