	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	OI O	GISI ATIVE RESOURCE CANDINE RESOURCE CAN	Telephone: (3/5) 723-0300 Telephone: (3/5) 723-0300 Use Temploying Office: VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., aggrift han \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in period (worth more than \$335 from one source) if yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on of filling in the current calendar year? If yes, complete and attach Schedule VIII. VIII. Did you have any reportable agreement or a with an outside entity? If yes, complete and attach Schedule IX. Each question in this part in appropriate schedule attached appropriate schedule attached spouse, or dependent child? Take Total Conduct and certain other "excepted spouse, or dependent child? Insactions, or liabilities of a spouse or dependent to with the Committee on Standards of Official Conduct and committee on Standards of Official Conduct and certain other "excepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the Committee on Standards of Official Conduct and certain other succepted with the certain other succepted and the cert	Daytime Daytime Officer o Employ No	Name: Michael A. AcuRi Filer Status Annual (May 17, 2010) Amendment Report Annual (May 17, 2010) Annual (May 17, 2010) Amendment Report Annual (May 17, 2010) Annual (May 17, 20
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District: 344 Cofficer or Employee Cofficer or Standards of Official Conduct. A \$200 penalty shall be assessed in the sporting period; A \$201 penalty A \$201 penalt	Member of the U.S. State: New Halk Officer or Employing Office: House of Representatives District: AH Employee Annual (May 17, 2010) Amendment Amendment Officer or Employing Office: Employee Termination Date: JAN: 4, 2011	(ONE):	OFFICE OF THE CLERK S. HOUSE OF REPRESENTATION	U.		
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SCHEDULE I - EARNED INCOME

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.

						Welches, Cimpley	his wheat Camping Weeks Realthes	METROPOLITAN LIFE AUTO & HOME	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)		Keene State	Source
							Source Turour	Spouse Salary	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
			5 5 5 5 5				\$ 300	\$32,140.	NA	\$1,000	\$9,000	\$6,000	Amount

Name
Michael
A. ARCURI

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

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Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
	Article	Aug. 13, 2009	\$500
N/A			19 19 19 19 19 19

GROWTH -CLASS C (IRA)	OF AMERICA - Class ((IRA)	DEPOSIT SWEET PROBLEMM	L	OT RT.13 Remsen, N. V.	JT Hopped St. UTICA N.Y	1st Bank of Paduce	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	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 asset or sources of income which generated more than \$200 in 'unearned' income during the year. For rental property or land, provide a complete address. Provide full 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).
×	×	×	×	×	*	×	Indefinite	×	None \$1,000 \$1,001 - \$15,000 \$15,001 - \$86,000 \$50,001 - \$100,000 \$160,001 - \$250,000 \$250,001 - \$250,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000,000 \$35,000	Value of Asset 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 Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>Including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
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×	×	*	×	*	×	×	X	×	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 <	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reincheck should be listed as income. Check "None" if no income was earned or generated.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Michael A. ARCURI

Page S of

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SCHEDULE IV— TRANSACTIONS

Name Michael A. ARCURI

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									WORLD - Class C	Th-Class C	RICH - C	OF AMERICA - Class C	•	AMERICAN CLASS C	ega Coporation Common	SP, DC, JT Asset	cate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indiates rental income.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
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SCHEDULE V- LIABILITIES

Name Michael A. ARCURI

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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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; 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 preceding calendar year exceeded \$10,000.

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SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

 Source	Description	Value
 Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
 NA		

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC-Chicago-DC	Z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
W/W						
	1					
				_		
	,					

SCHEDULE VIII—POSITIONS

Name Michael A. ARCURI

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); 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 political parties and campaign organi-

Position	Name of Organization
Director ITRC Asurer	COARC LLC
DIRECTOR / TRCASHEEL	CO ARC South Street LLC

SCHEDULE IX—AGREEMENTS

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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

		1-4-07	Date
		1-4-07 New YORK STATE RETIREMENT AND MICHAEL CONTINUED	Parties To
		CONTINUED PARTICIPATION IN NYS LOCAL RETIFEMENT	Terms of Agreement