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	Steven
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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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA.
None		

Name
Steven
Arnold
King

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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 Ethics. A green enverlope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
None			
	- Principal de la companya de la com		

#### Asset and/or income Source BLOCK A

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.)

#### Value of Asset BLOCK B

method other than fair market value, Indicate value of asset at close of please specify the method used. reporting year. If you use a valuation

If an asset was sold during the reporting lear and is included only because

> retirement accounts that do Check all columns that a Type of Incom

gains, even if reinvested, Dividends, interest, and that generate tax-deferred (such as 401(k) plans or If you to choose specific inves may check the "None"

BLOCK C

reporting year.	was earlied of generated.	
Topostino inori	was parned or generated	
⊕1,000 III	as income. Check "None" if no income	come dur-
41 OO 5	even if reinvested, must be disclosed	eck "None"
exceeding	Dividends, interest, and capital gains,	, must be
excitatiges (E)	checking the appropriate box below.	d capital
ovekengen (E)	indicate the category of income by	column.
sales (S), or	the "None" column. For all other assets,	IRAs), you
purchases (P),	as 401(k) plans or IRAs), you may check	d income
Ò	that generate tax-deferred income (such	stments or
asset had	you to choose specific investments or	not allow
Indicate if the	For retirement accounts that do not allow	apply. For
Transaction	Amount of Income	ĕ
BLOCK E	BLOCK D	

1			T	,	-	**		<del></del>
	<b>X</b>	2 2		7	DC, E	SP,	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  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 ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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 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 retire-
	Refirement	Retirement Fund -	7		Examples:		accou at the at the at the at the at the on own on own own own own own own own own own own	that that ments
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<del>-                                     </del>				┢			None ⊳	
					Ē		\$1 -\$1,000 DD	year ar generat "None."
					Indefinite		\$1,001 – \$15,000	anc rate e."
	>	<b>«</b> »			ē		\$15,001 - \$50,000	year and is included only because it generated income, the value should be "None."
						Х	\$50,001 - \$100,000 m	con
			7.5	×			\$100,001 - \$250,000	included only because it come, the value should be
							\$250,001 – \$500,000	he o
							\$500,001 - \$1,000,000 ±	) alu
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			×	Ī		×	CAPITAL GAINS	s inc ener ting
							EXCEPTED/BLIND TRUST	gains, even it reinves disclosed as income. if the asset generated n ing the reporting period.
					_			no i
					Royalties		Other Type of Income	ncor
					ties		(Specify: e.g., Partnership Income or Farm Income)	gains, even ir reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
								두 6, 8
					_		None -	evi as
	- 1 <sup>2</sup> A						\$1 - \$200	even if reinvested, must las income. Check "None" was earned or generated.
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	- 3 s						\$1,000,001 - \$1,000,000 \(\times\)	even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
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				1		S G	If only a portion of an asset is sold, asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	exceeding \$1,000 in reporting year
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Continuation Sheet (if needed)	c	Ž	2	Ź	f	(	5	3	9		-								Name Steven	\ <u>`</u>	200		Arnold	ĺζ	1		King	Ž		Page of 1
Asset and/or Income Source			l	<b>≦</b>	BLOCK B Year-End Value of Asset	BLOCK B Year-End	» E K	Se d	<b>*</b>							BLOCK C Type of Income	BLOCK C Type f Incon	ğ ŏ Š	re			a i	2	ᄚ	BLOCK D	nc D	BLOCK D  Amount of Income	ō		BLOCK E
SP, DC,	>	च		***************************************							- \$50,000,000 ㅈ	.000			<del> </del>			BLIND TRUST	ncome or		=	=	· · · · · · · · · · · · · · · · · · ·		80 ≤		2,000 ≦			ور رئ س
	None	\$1 \$1,000	\$1,001 – \$15	\$15,001 \$5	\$50,001 - \$1	\$100,001 - \$	\$250,001 – \$	\$500,001 \$	\$1,000,001 -	\$5,000,001 -		Over \$50,000	NONE	DIVIDENDS.	RENT	INTEREST	CAPITAL GA		Other Type of (Specify: e.g. Partnership In Farm Income	None	\$1 - \$200	\$201 – \$1,000	\$1,001 \$2,50	\$2,501 – \$5,00	\$5,001 - \$15,0	\$15,001 - \$50,	\$50,901 - \$100	\$100,001 - \$1,	\$1,000,001 \$ Over \$5,000,00	<u> </u>
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## **SCHEDULE IV— TRANSACTIONS**

Name Steven Arnold King

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														None	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	action. 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 indicate (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.	or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange trans-	Report any purchase, sale, or exchange transactions by you, your spouse,
	:	·				÷						·					PURCHASE		
		 													×		SALE	of Transaction	Type
																	EXCHANGE	ction	<u>.</u>
																	Check Box if Cap Gain Exceeded \$	tal 200	
															10-12-10		(MC/DAY/YH) or Quarterly, Monthly, or Bi-weekly, if applicable	Date	<b>!</b>
								, , ,									\$1,001- \$15,000		
		 					<b></b>								×		\$15,001- \$50,000	1	
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#### **SCHEDULE V— LIABILITIES**

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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 charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving

 ,	_	
		SP, DC, JT
None	Example: First Bank of Wilmington, DE	Creditor
	May 1998	Date Liability Incurred Mo/Year
	Mortgage on 123 Main St., Dover, DE	Type of Liability
		\$10,001- \$15,000
		\$15,001- \$50,000
		\$50,001- \$100,000
	×	\$100,001- \$250,000
<u> </u>		\$250,001- m int of
		\$100,001- \$250,000 m \$250,001- \$500,001- \$1,000,001- \$1,000,001-
	_	\$5,000,000
	-	\$25,000,000 <b>-</b> <b>\$25,000,001-</b>
	-	\$50,000,000 T
	<u></u>	\$50,000,000

#### 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 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.

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

 			_	_	
		None	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	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	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
	Jon. 14-16	DC- (harlottesville, Ut - DC	۲	~	ح	rwoN
The (1st for brown	*,	DC-Palm Reach FL - Dunha 116	Υ	۲	Z	None
		-				
			:			

#### SCHEDULE VIII—POSITIONS

Name Steven Arnold King

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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 nonprofit 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

#### SCHEDULE IX—AGREEMENTS

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

Date	Parties To	Terms of Agreement
	-	