Form A For use by Members, officers, and employees	HAND DELIVERED
	SIST ATTYE RESOURCE CENTED
Telephone: (202) 225-2646	2011 MAY 12 AM 11:01
	U.S. HOUSEOTHOR LARE SOUND LATIVES
r or Employing Office:	A \$200 penalty shall be assessed
Termination Date:	30 days late.
SE QUESTIONS	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	receive any egating more Yes No X
	receive any the reporting Yes No X
	r before the date Yes No X
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	rrangement with Yes No X
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	nust be answered and the do not be answered and the
— A	NSWER EACH OF THESE QUESTIONS
nd certain other "excepted trusts" need not be disclosed. Have you shild?	losed. Have you Yes No X
ansactions, or liabilities of a spouse or dependent c I with the Committee on Ethics.	hild because Yes No X
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CAMACHO SABLAN	GREGORIO KILILI

Page 3 5

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.	s received under the Social Sec	curity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
le (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Member Salary, U.S. House of Representatives		
DFS (Saipan), Ltd.	Spouse Salary	\$30,046.00
Northern Mariana Islands Retirement Fund	Pension	\$3,634.00

CAMACHO	GREGORIO
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Name

Page 4__of:

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 envelope for transmitting the list is included in each Member's filing package.

									Examples. XYZ Magazine	Association of American Associations, Washington, DC	Source	
	1				, The state of the		1		Article	Speech	Activity	
;		3		70.0	and the second s				Aug. 13, 2010	Feb. 2, 2010	Date	
					:				\$500	\$2,000	Amount	

Asset and/or income Source Another income Sourc							Ţ	DC, E	SP,	the nar value a For ren vide a c For an that is ness, it from in I Exclud Exclud Exclud Savings (F you income child (T) optiona For a d please	Identi of inc the c repor more Provi not us For a plans the p invest
BLOCK Value of Asset Check Amount of Income Pype of Income Type of Income Check all columns Intel apply. For retirement accounts that do not allow performent of their filar market value, from asset was sold during the reporting period. St.5.001 - \$15,000	005 # 01	Equity Inc. Adv.	500 Index	Magellan	Int'l.	Freedom 2030	1st Bank of Paducah, KY Accounts			name of the institution holding the account and its at the end of the reporting period. antal or other real property held for investment, proa complete address. In ownership interest in a privately-held business in ownership interest in a privately-held business in ownership interest in a privately-held business in the publicly traded, state the name of the busi-the nature of its activities, and its geographic locablock A. Ide: Your personal residence, including second is and vacation homes (unless there was rentalled uring the reporting period); any deposits totalled during the reporting period); any deposits totalled uring the reporting period); any deposits totalled a tederal retirement program, including the Thrift gs Plan. I so choose, you may indicate that an asset or re source is that of your spouse (SP) or dependent (DC), or is jointly held with your spouse (JT), in the hall column on the far left. detailed discussion of Schedule III requirements, a refer to the instruction booklet.	BLOCK A Asset and/or Income Source iy (a) each asset held for investment or production one with a fair market value exceeding \$1,000 at and of the reporting period, and (b) any other table asset or sources of income which generated than \$200 in "unearned" income during the year. de complete names of stocks and mutual funds (do se ticker symbols.) II IRAs and other retirement plans (such as 401(k)) that are self-directed (i.e., plans in which you have ower, even if not exercised, to select the specific ments), provide the value for each asset held in the int that exceeds the reporting thresholds. For retirement which are not self-directed provides only
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