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

Status

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must b
No C	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.	No N	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 🎉	Yes 🔀	No X Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N N	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.
N _O	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 yea, complete and attach Schedule IV.	No U	Yes 🔀	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? If yes, complete and attach Schedule I.

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

No No	Yes 🔲	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.
No X	Yes 🔲	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?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Barbara Len Mallory Caroway Page 2 of 6

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. 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

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Course displicable data of receipt for homograph		Amount	unt
Course (Holdes date of tecept for Holledata)	1)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
	Salary	3150.00	7200,00
Barbara Mallor, Carawas & Assocs,	Salain	4 600,00	(8, 000, 00
	Husband's Salars	12 500.00	37500,00
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		19	
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BLOCK A

Asset and/or Income Source

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. identify (a) each asset held for investment or production

(do not use ticker symbols). Provide complete names of stocks and mutual funds

For all IRAe 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 For rethement accounts which are not self-directed, provide only the name of the institution holding the In the account that exceeds the reporting thresholds account and its value at the end of the reporting period.

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 provide a complete address. For rental or other real property held for investment,

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Current Year

Preceding Year

the Thrift Savings Plan. ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income income during the reporting period); any deposits totallocation in Block A. derived from, a federal retirement program, including nomes and vacation homes (unless there was renta Exclude: Your personal residence, including second

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.

DC, Examples:

SP Mega Corp. Stock Simon & Schuster

1st Bank of Paducah, KY accounts

Credit will of The

Value of Asset BLOCK B

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

reporting year and is included income, the value should be only because it generated Yone." an asset was sold during the

as income. Check "None" if the

asset generated no income during

the reporting period.

Type of Income

"Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed ments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the allow you to choose specific invest-Check all columns that apply. For etirement accounts that do not

BLOCK C

Amount of Income BLOCK D

and capital gains, even if reinvested, must appropriate box below. Dividends, interest the category of income by checking the "None" column. For all other assets, indicate Deferred" in Block C, be disclosed as income. Check "None" if no For assets for which you checked "Taxincome was earned or generated. you may check the

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SCHEDULE III — LIABILITIES

Name Barbara Len Mallory Cavawas | Page 4 or 5

owed 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. 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-

ype of Liabii	Type of Liability A Mortgage on 123 Main Street, Dover, DE \$10,000	\$10.001—	\$10,001— \$15,000 > \$15,001— \$50,000 co \$50,001— \$100,000 C	\$10,001— \$15,000 > \$15,001— \$50,000 CD \$50,000 CD	\$10,001— \$15,000 > \$15,001— co \$50,000 Co	\$10,001— \$15,000 D \$15,000 D \$15,001— \$50,001— \$100,000 C \$100,000 D \$250,001— \$250,000 D \$250,001— \$1,000,000 T \$1,000,000 D \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,001— \$1,000,0001— \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,000 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,000,001 \$1,0	\$10,001— \$15,000 B \$15,001— \$50,000 C \$50,001— \$100,000 D \$250,001— \$250,000 T \$50,001— \$1,000,001— \$1,000,001— \$5,000,000 D \$50,0001— \$5,000,000 D \$50,0001— \$5,000,000 D \$50,0001— \$5,000,000 D	\$10,001— \$15,000 B \$15,001— B \$50,000 C \$50,000 C \$100,000 C \$250,000 m \$250,000 m \$500,000 T \$1,000,000 C \$1,000,000 C \$5,000,000 C
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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);

SCHEDULE V -- AGREEMENTS

Name Barbarn Len Mullory Caraway Page 12 or 5

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

Date	Parties To	Terms of Agreement
	20	
•		

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Nova Academy	Public Relations
	•