Yes No Z		sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans rst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I
Yes No V		d certain other "excepted trusts" need not be discild?	on Ethics and dependent chil	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 dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S S	Id have any reportable Yes // Yes
Yes No 🔽		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	III. 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 III.
Yes No No		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	<u>s</u>	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No N	œ'	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.	N _o	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.
		OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty : against anyone w 30 days late.	or Employing Office: Be Termination Date:	Officer or Employee	Status House of Representatives District: Report Pannual (May 16, 2011) Amendment
2011 MAY -6 PM 3: 24 OFFICE OF The OLD OFFICE OLD OFFICE OLD OFFICE OLD OFFICE OLD OFFICE OF THE OLD	2011 MAY - 2011 MAY - CFECT U.S. HOLOGICAET	Daytime Telephone: りょう タンタールる	Daytime 1	Name: THURS E. P. MI
HAND DELIVERE	HANDI	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

	Name
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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.

							ROTACNISUT FUND	AMORICAN COUNCIL OF TRUSTERS AND ALLMAI	Ontario County Board of Education	Examples: State of Maryland Civil War Roundtable (Oct 2nd)	Keene State	Source
							LEGISLATIVE PONSION \$13.965	Spo si Sours	Spouse Salary	Legislative Pension Spouse Speech	Approved Teaching Fee	Туре
:						,	\$13.965	NA	NA S	\$9,000	\$6,000	Amount

Name	
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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. 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 enve-

Grant			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
when town on the Use	CHERGHUM CHASS	\$300 Port Howard	\$3600
	MANUSTRAT CHAITTHA TUG, 35, 2010	10c, 35,200	\$500
	Borns Henryal	Marco 8 2010	\$ 500
አ .	Shank Line	March & 2010	\$ 500
Society lusurances, Four ou he lus.	BARRO HUSTING.	Hugg. NG. 18, 2010	\$ 500
			d :

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DC, Examples: ş 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 Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at please refer to the instruction booklet. For a detailed discussion of Schedule III requirements, optional column on the far left. tion in Block A. that is not publicly traded, state the name of the busi-Savings Plan from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ng \$5,000 or less in a personal checking or saving ncome during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business For rental or other real property held for investment, pro-vide a complete address. value at the end of the reporting period. the name of the institution holding the account and ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For **all IRAs** and other retirement plans (such as 401(k) not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other MASUAL O WISCONSIN TURNING TO U.S. Smore キュス ナンマロ Asset and/or Income Source WALLAGEN CARP STAX Provincy Engalish Marifo Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts BLOCK A かるっ 15 E X20X ន Þ None please specify the method used. generated income, the value should be method other than fair market value, reporting year. If you use a valuation year and is included only because it If an asset was sold during the reporting "None." Indicate value of asset at close of œ \$1 - \$1,000 Indefinite O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset × П \$50,001 - \$100,000 **BLOCK B** × 77 × \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 メ \$1,000,001 - \$5,000,000 <u>د</u> \$5,000,001 - \$25,000,000 × \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE Dividends, interest, and capital if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be may check the "None" column. (such as 401(k) plans or IRAs), you that generate tax-deterred income you to choose specific investments <u>or</u> Check all columns that apply. ing the reporting period retirement accounts that do not allow × DIVIDENDS RENT Type of Income X INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Š. None even if reinvested, must be disclosed Dividends, interest, and capital gains, checking the appropriate box below. as income. Check "None" if no income indicate the category of the "None" column. For all other assets, as 401(k) plans or IRAs), you may check was earned or generated that generate tax-deferred income (such you to choose specific investments <u>or</u> For retirement accounts that do not allow \$1 - \$200 = \$201 - \$1,000 ≡ Amount of Income \$1,001 - \$2,500 7 < \$2,501 - \$5,000 BLOCK D 5 \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 M \$50,001 - \$100,000 income by × $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 \$1,000,001 -- \$5,000,000 × × Over \$5,000,000 example. See below for as follows: please indicate asset is sold, portion of an If only a \$1,000 in exceeding exchanges (E) sales (S), or purchases (P), Indicate if the reporting year. asset had Transaction ഗ (S) (partial) BLOCK E (partial) щουσ

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Ę 8 Ş Meliani EATEN VANCE CONTRACTORS MASHINGEN Evention MANITOWOC FIDELITS BA CAL BUNKSON PLE Asset and/or Income Source NORTH VUST CLUMBY SHIPM SHAWN, SOLVANO. SHKOSH MAN NSEZ! THAT CASH CANNOT LOSS INSCHARGE (M) **BLOCK A** 1471 7714 Mount C INT'L FUND STO. 0,0 INGCOMP 16815.72 * NOCK 1/2/2 1525 ➤ None œ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 77) \$100,001 - \$250,000 က \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT X INTEREST of Income BLOCK C CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) メ X None \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ VIII \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page S of Transaction BLOCK E шосто

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) \exists Ŋ SP, Marco 78 Asset and/or Income Source BLOCK A ➣ None 8 \$1 - \$1,000 C \$1,001 - \$15,000 O \$15,001 -- \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 **x** \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST. Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None == \$1 - \$200 Amount of Income = \$201 - \$1,000 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 XI VII VIII IX \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 -- \$5,000,000 × Over \$5,000,000 Transaction BLOCK E шαъ

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SCHEDULE IV— TRANSACTIONS

Name T. C. Park

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							Nauce 987 STOCK	HARP 2 LOSS INSUMMED	WASHINGTON PRT Co.	EVENGAGON INTI BAL INCHU FIND	VANGUARO EHORGING HATIFUM.	AM FUND	Example: Mega Corpor	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 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.	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
							×	×			X			PURCHASE	of Tr
								-	×	X		×	×	SALE	Type of Transaction
														EXCHANGE	tion
														Check Box if Capital Gain Exceeded \$200	
						•	5/2010	\$ 200	11/12/10	2/26/10	11/18/10	11/18/10	10-12-10	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
										,				\$1,001- \$15,000	
													×	\$15,001- \$50,000	
 ,	:						ļ							\$50,001- \$100,000 O	Amount
								×	×	×	×	×		\$100,001- \$250,000	ŭnt
				1.					1			-		\$250,001- \$500,000 m	of Tr
							×						. 1	\$1,000,001- \$1,000,001-	ansa
														\$5,000,000 P \$5,000,001	Transaction
	-											-		\$25,000,000 \$25,000,001-	د
				<u> </u>	<u> </u>			 	ļ		-	ļ		\$50,000,000 Over	

SCHEDULE V— LIABILITIES

Name /, E. / 571

Page K of

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 (unless you are personally liable); 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.

				JT SP,		
		Mere	Example:			
		MERRILL LYNGH	First Bank of Wilmington, DE	Creditor		
	117	9/3/201	May 1998	Incurred Mo/Year		7
		9/3/2010 LAND SECUROR OF SOCK	Mortgage on 123 Main St., Dover, DE	Type of Liability		
				\$10,001- \$15,000	W	
				\$15,001- \$50,000	В	
				\$100,000	C	
			×	\$250,000	0	Amou
	· ·	×		\$300,000	m	int of
 		ļ		\$1,000,000	Π	Amount of Liability
	 			\$5,000,000	ရ	ity
				\$5,000,001- \$25,000,000 \$25,000,001-	Ξ	
 ļ 	<u> </u>		-	\$50,000,000 Over		
				\$50,000,000	۲	

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
11.0		

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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-

CHATNER LOUIS'S CHOBRURITHS INSURANCE RISKS LONDON, EXBLAND DIRECTOR SOCIETY INSURANCE (A MITUAL COMPANY) FORD ON LACK VISCUSIA
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
	Mark (1)	