reporting period?

Report Type Status Filer

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.

Type hing Fee sion h h

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PNC	χ	401	68	33	<u>ج</u>		Examples:		Exclude: Your homes and various in sock A. Exclude: Your homes and varing firom, a federal Savings Plan. Savings Plan. If you so cheoricome source child (DC), or is optional column For a detailed please refer to	an own	rental ou a comp perty," ar	all IRAs s) provount that	Provide complete name not use ticker symbols.)	Identify (a) each of income with a the end of the reportable asset more than \$200 in	ASS		1
	000	144	NEA	9512GR	*	<u> </u>		S	our p vaca ng the or led any and any hoose roe is or is jo umn o	ership bublici ture c	other plete nd a c	and ide the	nplete er sym	each a /ith a the tsset o	et a		
SAVINGS ACCT	McDowards Cofts	Jourson + Jourson	beneral electric	er.	Keycap	1st Bank of Paducah, KY Accounts		SP Mega Corp Stock	Exclude: Your personal residence, including second homes and vacation homes (unless 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 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	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A	
					 	t	-		None	>	T	\$ -1	ing	year year fair m			1
X							ā		\$1 - \$1,000	00		* This column is for assets held solely by your spouse or dependent child.	and is included only because it generated income, the value should be "None."	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.			
	×	X	X	×	×		Indefinite		\$1,001 - \$15,000	ဂ		악	that is	you s			l
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						×	<u> </u>		\$100,001 - \$250,000	π		ent o	should confy	ass valu	듄	ELC.	ł
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					<u> </u>	L	ļ		\$500,001 - \$1,000,000		_	.≁s Ac	9 22 5	span c	ASS	В	l
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				<u> </u>	<u> </u>	L	<u> </u>		\$5,000,001 ~ \$25,000,000	<u></u>		SOI E	.შ. ≃. გ	<u></u>			l
<u> </u>				<u></u>	 	<u> </u>	<u> </u>	_	\$25,000,001 - \$50,000,000			₽	gen	e nrep			Ì
					<u> </u>	L	ļ_		Over \$50,000,000		_	ý	generated	ie tro			l
	- L					L			Spouse/DC Asset over \$1,000,000*						_		ĺ
				ļ	ļ. <u>.</u>	_	<u> </u>		NONE		reporting period	vested, must be disclosed as income. Check "None" if the asset generated no income during the	Peferred column Dividends, interest, and capital gains, even if rein-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or the column of			l
	×	<u>×</u>	×	<u>×</u>	×	<u> </u>	<u> </u>	×	DIVIDENDS		}	ed,	and	eme vyo me			l
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	ı			•			Royalties		Other Type of Income			ne during the	_	that apply. For that do not specific investment tax-deferred of (k) plans or the tax-deferred of (k	•		l
						L	ties		(Specify: e.g., Partnership Income or Farm Incom	eme)	l	the set	\$ \$ \$	or eggs of co) 		l
						Γ			None		ge	*]	공 영 의	a)		l
X	\succ	×	><	×	 ×				\$1 - \$200	=	dependent child.	* This column is for assets held solely	නු දු	For assets for which Deferred" in Block C, "None" column. For all the category of incortagory of below.			ļ
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	, I					L			\$50,001 - \$100,000	≦		your your	ge 다 라	P P P P P P P P P P P P P P P P P P P	S	J	l
							×		\$100,001 ~ \$1,000,000	×		gen	and capital gains, even if reinveste be disclosed as income. Check "I no income was earned or generated.	ssett che	Amount of Income		Į
									\$1,000,001 - \$5,000,000	×		income generated by your spouse	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	For assets for which you checked "lax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest ,			١
						L			Over \$5,000,000	×			776°	enes dica dica dica dica dica dica dica dica	Ì		١
									Spouse/DC Income over \$1,000,000*	¥		ਰ <u>ਨ</u>	== \$	ੂ ਤੋਂ ਕੋ ਕੇ ਨੇ 			I
								S (partial)	follows: (\$) (partial) See below for exam- ple. P, S, E	an asset is sold, please indicate as	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E	

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

Name GARLAND "ANDY"

Page 2 of

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SP \subseteq 8 BARR TAUST (DISCRETI-WAY AXA VARIABLE LIFE NOTHING MUNICIPAL LIFE NORTH THE MARKET GS LIFE HILLIAM CHON KEOPY WANKER HOLK TENNERS GEBEL FUND HOIR DPARMAN EMEMENT FINE HOIK IVY ASSET STANGEY HOLK GALLY LIND OF PAOLICA HOLK ENJOYMENT HYBRE FUND YORK FRANKLIN HIGH FUND HOLK BULLYLOCK EQUIN FULD BENCHWAN HOIK HILLIAND CHOOK FOUGH HOW Asset and/or Income Source KUNCOND COUNTR KENTUCKY ENPLOYED BETREVEN BLOCK A アント ➣ None Φ \$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 'n \$100,001 -- \$250,000 Ω \$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 г Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000* NONE ×× XXX **DIVIDENDS** RENT of Income BLOCK C Type INTEREST × imesCAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None $\times \times \times$ = \$1 - \$200≡ Amount of Income \$201 - \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$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 Spouse/DC Income over \$1,000,000* Transaction BLOCK E πேறு

SCHEDULE V— LIABILITIES

Name GARLAND "ANDY" BARR

Page____of__

close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

		_		
			SP, DC, JT	
	BALK	Example:		
	BANK OF AMERICA	First Bank of Wilmington, DE	Creditor	
	Dec 2003	May 1998	Date Liability Incurred Mo/Year	
PERMETER RY		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	Δ
		L	\$250,001- \$500,000 M	Amount of Liability
		_	\$500,001- \$1,000,000	2
		_	\$1,000,001- \$5,000,000 D	₹ T
	-	_	\$5,000,001- \$25,000,000 ± \$25,000,001-	
		-	\$50,000,000 ~	
		_	\$50,000,000 Spouse/DC Liability	
		<u> </u>	Over \$1,000,000*	_]

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

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 \$140 or less need not be added towards the \$350 disclosure threshold.

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

	 	 	_		
,			Example: Mr.		
			Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

SCHEDULE VIII—POSITIONS

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Page 1

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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,

tions); 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 organiza-

	record y District
Position	Name of Organization
אפאפעל אייאט שב איטפרבישנה	PRIENDS OF ISAAC MURPHY MEMBRIAL ART GARDEN, INC.

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