	Name
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	TELISSA
	1
	BEAN

Page 2 of 8

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.

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.	its received under the Social Sec	curity Act.
Source	Туре	Amount
	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
SEARCH RESOURCES	SALARY	#110,000

\$201 X \$1,00 \$2,50 X \$5,00 \$15,0 \$50,0 X \$100 X \$1,00 Over	× ×		- 17 ファイ・ファイ・ファイ・スト
\$1 - \$201 \$201 \$1,00 \$2,50 \$15,00 \$15,00 \$100 \$1,00 Over	*		Carron to main tax
*		×	CIECO SYSTEMS THE
*	×	×	CAREFUSION CORP.
\$1 \$201 \$2,50 \$2,50 \$5,00 \$15,0 \$50,0 \$100 \$1,00 Over	×	*	CARDINAL HEALTH TIKE
\$1 \$201 × \$1,00 \$2,50 × \$5,00 \$15,0 \$50,0 × \$100 \$1,00 Over	*	*	BANK OF AMERICA CORP
\$1 \$201 × \$1,00 \$2,50 \$5,00 \$15,0 \$50,0 × \$100 \$1,00 Over	×	×	JT 1st Bank of Paducah, KY Accounts
\$1 \$201 × \$1,00 \$2,50 \$5,00 \$15,0 \$100 \$1,00 Over	Royalties	Indefinite	Examples:
\$1 \$201 \$1,00 \$2,50 \$5,00 \$15,0 \$50,0 \$100 \$1,00	×	×	SP, SP Mega Corp. Stock
\$200	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None > \$1 - \$1,000	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.
Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	BLOCK A Asset and/or Income Source 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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). 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 and income information on

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

Name MELISSA L. BEAN

			SP	\$	8	δ,	SP	£	5	S	Sp	S									SP, DC,	
	95/T S	CARDINAL HEALTH	CAREFUSION CORP.	WALGREEN COMPANY	VERIZON COMMUNIC.	TEVA PHARMACEUTICAL	NOKIA CORP.	U TUC.	MORGAN STANLEY + CO.	MICROSOFT CORP.	MERK +CO INC	CISCO SYSTEMS INC.	AMER FUNDS INCOME FUND	ALLIANCE BEENSTEIN		VERIZON COMMUNIC	TEVA PHARMACEUTICAL	\sim	$\mathcal{I}_{\mathcal{L}}$	MICROSOFT CORP.		BLOCK A Asset and/or Income Source
<i>ΩομΕΥ ΙΠΗCΚΕ</i> Τ This page may be copied if more space is required.	X	*	×	*	×	×	×	*	×	×	×	*	*	*	×	×	*	*	*	×	None	BLOCK B Year-End Value of Asset
		×	×	>	×	*	*	X	~	×	×	×	*	×	×	×	*	×	X	×	Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	BLOCK C Type of Income
		*	*	*	×	>	*	×	*	×	×	*	*	×	*	×	×	×	×	×	None	BLOCK D Amount of Income
	 																	ļ			ம். ல் ய	BLOCK E Transaction

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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DC

SP,

SP POANT DEPOSIT Asset and/or Income Source None ₩ \$1 - \$1,000 O \$1,001 - \$15,000 \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End \$100,001 - \$250,000 \$250,001 - \$500,000 **I** \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲. \$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 **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Name MELISSA L. BEAN Other Type of Income (Specify) None \$1 - \$200 = Amount of Income \$201 - \$1,000 X X VI VII VIII IX X \$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 Page S of 8 Transaction BLOCK E шου

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SCHEDULE IV TRANSACTIONS

Name MELISSA L. BEAN

Page 6 of 8

Report an or depend	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	T) of Tran	Type of Transaction	į	Date			Amo	unt	of T	Amount of Transaction	actic	ĭ		_
resulted in action. Ex	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-				(MO/DAY/YR)	В	ဂ	0	ш	П	ū	I	_	د	<u> </u>
dren, or the ates renta	dren, 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.	CHASE	IANGE	Box if C	or Quarterly, Monthly, or			0	0	0	000	000	,000		,000
Capital G of \$200, cl III.	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.		SALE		Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001 \$100,00	\$100,00 \$250,00	\$250,00 \$500,00	\$500,00 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000	\$25,000 \$50,000 Over	\$50,000
SP, DC, JT	Asset														
SP	Example: Mega Coporation Common Stock (partial sale)		×		10-12-09		×								
	KOHLS		×		4-16-09	×		<u> </u>						<u> </u>	
SP	KOHLS		×		4-16-09	×									
	NEW YORK COMMUNITY BANCORP.		*		4-16-09	×									
SP	NEW YORK COMMUNITY BANCARP.		×		4-16-09	×									
	CARDINAL HEALTH IX.	×			4-16-09	×									
SP	CARDINAL HEALTH TUC.	×			4-16-09	×								-	
	CAREFUSION CORP.	*			4-16-09	×		<u> </u>							
SP	CAREFUSION CORP.	×			4-16-09	X									
	MYLAN INC	×			41609	X				<u> </u>					<u> </u>
Sp	MYLAN INC.	×			4-16-09	×		ļ						<u></u>	
	TENA PHARMACEUTICAL	×			4-16-09	×			ļ						
SP	TEVA PHARMACEUTICAL	×		5	4-16-09	×				ļ, <u></u>		-			
									 						
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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 or were paid by you and reimbursed by the sponsor.

a 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

Examples: AMERICAN ISPAEL ENTERPRISE FORM Roycroft Corporation Chicago Chamber of Commerce Source Aug. 8-16 Aug. 6-11 Date(s) Mar. 2 CHICAGO-JERUSALEM-CHICAGO City of Departure – Destination –
City of Return DC-Los Angeles-Cleveland DC—Chicago—DC Lodging? (Y/N) ≺ z Food? ≺! Z Was a Family Member Included? (Y/N) Z < Number of days <u>not</u> at sponsor's expense کممیر 2 Days None

SCHEDULE VIII—POSITIONS

Name MELISSA L. BEAN

Page _ g of _ g

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 non profit 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
PRESIDEINT	SALES RESOURCES

SCHEDULE IX—AGREEMENTS

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