Name 1	•
MAN	
; 60)
MIM	•

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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
vH	Shary	1,000
*	SPORF SACKY	N/A

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.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
		Aug. 13, 2010	\$500
• • • • • • • • • • • • • • • • • • • •			

This page may be copied if more space is required.

			무	9	乌	٦	8	S.	및 R 용으로 # 요즘 # 포트로 # 다 로 보고 # 보고 # # # # # # # # # # # # # # # #	enter or retar
GTIZENS BANK WARREN	St. Warys have Hawterleting		exico =	LOKE HE LECTIONAL	7221 C	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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. 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.	Asset and/or Income Source 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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retire-
7				>		×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$100,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000	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."
7		ナ		7		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
7		*	7 4		×	×	X	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

ないべつか

Page

g Q

Continuation Sheet (if needed)

≒ Ş ş 3 JUST HOLE FAVITY WHIDOWAY Asset and/or Income Source DRACE Devices lien in YOUN MILLED SYSTEMS M EXVID JANA. Mieus Mir, A Palmerond thal will BLOCK A WATER PARTY April 1 None œ \$1 - \$1,000 C \$1,001 - \$15,000 0 \$15,001 - \$50,000 Value of Asset П Л \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 ۵ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$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 LE NOON C. MACSI IC. MIM Other Type of Income (Specify: e.g., 5 • ₹ = 1 Partnership Income or Farm Income) 222 None \$1 - \$200 == Amount of Income ≡ \$201 - \$1,000 \$1,001 - \$2,500 ₹ < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$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 Transaction BLOCKE ரைவு

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Name TRANK GUINTA

Page 6 of

										-				SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	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. 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	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
								: ;							56	PURCHASE		of Tr
						:								×		SALE	****	Type of Transaction
	, ,															EXCHANGE		tion
																Check Box if Ca Gain Exceeded	ipital \$200	,
													:	10-12-10		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
														*		\$1,001- \$15,000	>	
			ļ				 		ļ		<u> </u>			<u> </u> ×	,	\$15,001- \$50,000	Φ.	
	-									, , , , , ,				L		\$50,001- \$100,000	ဂ	Amc
	ļ		ļ			_	<u></u>		k. '.			ļ				\$100,001- \$250,000	0	Amount
				,		,						_		L	_	\$250,001- \$500,000 \$500,001-	(FI)	of Tr
\vdash														-		\$1,000,000 \$1,000,001-	п -	Transaction
\vdash			ļ	<u> </u>	-		<u> </u>		<u> </u>					H	-	\$5,000,000 \$5,000,001	<u> </u>	ctio
		1				,	·.							\vdash	-	\$25,000,000 \$25,000,001-	_]
<u> </u>	-	-		 	-	ļ		<u> </u>				ļ	 <u> </u>	1	-	\$50,000,000 Over		!

SCHEDULE V— LIABILITIES

Name FRANK SUINTA

Page 2 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 charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

35		77	77		JT SP,	
SALUE MAE	NIHEAF NETWORK	ST. WARYS PART HOWCHES POR STONE PROUPOLE	X. MARYS BANK WHICHER BOT ON MARK ON	Example: First Bank of Wilmington, DE	Creditor	
SETT %	SENT OO	MacHo6	9Ax 04	May 1998	Liability Incurred Mo/Year	Date
SEPT 96 SCHOOL LOAN GINCORI, NH OPE	School low with the	MORT SASE MANISTERSONNI	MODE PARKET DANGER.	Mortgage on 123 Main St., Dover, DE	Type of Liability	
2	78				\$10,001- \$15,000	
×	X				\$15,001- \$50,000	
					\$50,001- \$100,000 -	
		ا المالية		×	\$250,000	Now A
		7	~	·	\$500,000 III.	를 의
					\$1,000,000 T \$1,000,001-	Amount of Liability
					\$5,000,000 -	ľ
			,	-	\$25,000,000	
					Over \$50,000,000	

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 Example: Mr. Joseph H. Smith, Anytown, Anystate

Name FRANK QUINTA)
Page 0	

SCHEDULE VII --- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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

or were paid by you and reimbursed by the sponsor.

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 a

spouse or dependent child that is totally independent of his or her relationship to you.

apound of depoint	Copolina Com Com Con Con Com	7			•	_	
	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
Examples:	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	4	4	2 Days
	•						
			·				
-							
-							
						i i	

SCHEDULE VIII—POSITIONS

ame tRANK GUINTA

Page 2 of 2

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-

constraint promote series of all lighters of the		
Position	Name of Organization	
BD DIRECTOR	MA VELSZATONAMIA ZANGY /LIUZISI)	NON-PROFIT
BD DIRECTOR	FM ZELSHYMMI JELNES JANES JES MAY	Mow PROPIT EMERITUS

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