Name:

North

S	UESTION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT,
the onse.	vered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No 	Yes	V. 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 V.
₹ 	řes	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	§ ⊠	es —	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.
ĕ N	Yes	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.	8	Yes	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.
₹ X	Yes	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.	ĕ ⊠	Yes	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.
8	Yes	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.	No No	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.

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?

Yes

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Yes

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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 Standards of Official Conduct.

PRELIMINARY INFORMATION —

ANSWER EACH OF THESE QUESTIONS

Report Type Status Filer

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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: Milit	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Secu	urity Act.
	Source	Туре	Amount
Кее	Keene State	Approved Teaching Fee	\$6,000
_	State of Maryland	Legislative Pension	\$9,000
Civil	ble (Oct. 2nd)	Spouse Speech	\$1,000
Ont	Ontario County Board of Education	Spouse Salary	NA
	NA		
,			

Name
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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 Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Comment of the Commen	C		
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
$\pm \mathcal{N}$			

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OF EXAMIL	2) Usraec Vouson's X	1) COLDERS KRHUSK JTOKE X	SP, Mega Corp. Stock X X DC, Examples: Simon & Schuster Indefinite X X X 1st Bank of Paducah, KY Accounts X X	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 None \$1,000,000 \$55,000,001 - \$50,000,000 \$250,001 - \$50,000,000 \$255,000,001 - \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND CAPITAL GAINS EXCEPTED/BLIND EXCEPTED/BLIND CAPITAL GAINS CAPITAL GAINS EXCEPTED/BLIND CAPITAL GAINS EXCEPTED/BLIND CAPITAL GAINS CAPITAL GAINS		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."	
			X Royalties	CAPITAL GAINS	n 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.	Type of Income
			×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000		For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , 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.	Amount of Income
			S (partial)	please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Iransaction

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SP,

ند Asset and/or Income Source 炒 MMA 60 Trans 0 shoop going ù GEASIL WORK KKABIN BANIX Gramiu Ban CARANORA CRABILL BANK 2009 55.77 None $\boldsymbol{\varpi}$ \$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 т \$100,001 - \$250,000 \$250,001 - \$500,000 T \$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** Other Type of Income (Specify) MARK E. JOUDER None \$1 - \$200Amount 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 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 \succeq Over \$5,000,000 Page 5 of 9 Transaction BLOCK E or on

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SCHEDULE IV TRANSACTIONS

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 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.

SP, DC,

S

Example:

Mega Coporation Common Stock (partial sale)

Asset

Type
of Transaction
OO. Include transactions that
proption of any exchange transour spouse or dependent chilnal residence, unless it generasset is sold, please so indiw.

Type
of Transaction
Of Transaction
Of Transaction

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Of Transaction

	•
Check Box if Capital Gain Exceeded \$200	
Calli Excepted \$200	

(MO/DAY/YR)

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\$100,001-

\$250,000 \$250,001-

\$500,000 \$500,001-\$1,000,000

\$1,000,001-

\$5,000,000

\$5,000,001-\$25,000,000 **\$25,000,001**-

\$50,000,000

Over \$50,000,000

Date

Amount of Transaction

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										10-12-09	or Quarterly, Monthly, or Bi-weekly, if applicable
											\$1,001- \$15,000
				ļ 						×	\$15,001- \$50,000
									i		\$50,001- \$100,000

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SCHEDULE V- LIABILITIES

Name MARK E. C. 10 1058 Page 7 of 9

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; 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,	-	
					Example:			
				N/A	First Bank of Wilmington, Delaware	Creditor		
					Mortgage on 123 Main St., Dover, Del.	Type of Liability		
						\$10,001- \$15,000	В	
	 					\$15,001- \$50,000	C	
						\$50,001- \$100,000	O	
		ļ	<u> </u>	 	×	\$100,001- \$250,000	m	Amou
		<u> </u>			_	\$250,001- \$500,000	71	int of
ļ	 			\ -		\$500,001- \$1,000,000 \$1,000,001-	G	Amount of Liability
			-		-	\$5,000,001- \$5,000,001-	I	ty
<u> </u>			-		-	\$25,000,000 \$25,000,001	-	
		{	[ļ	1	\$50,000,000	ے	

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.

	 		_		_
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		MA	Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

Name	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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

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.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Mar. 2	DC—Chicago—DC	z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	¥	Y	2 Days
3NON						
	•					

SCHEDULE VIII—POSITIONS

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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 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-

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