In all sections, please type or print clearly in blue or black ink.

### PRELIMINARY INFORMATION ANOWER FACH OF THESE OFFICIONS

S S	Yes	cs and certain other "excepted trusts" need not be rependent child?	nittee on Ethic ting you, your	d by the Comn	<b>TRUSTS</b> —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 a dependent child?
	QUESTIONS	MATION — ANSWER EACH OF THESE (	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the a	e answered	Each question in this part must b
S S	Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	N S	Yes 🔲	III: 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 III.
No No	Yes 🔲	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No	Yes 🗸	II. 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 II.
No No	Yes 🔲	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	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.
		SE GOLOTIONS	01 1112		FIRETIMENALL IN OTHER PROPERTY CACH OF THESE GOLDINGING

**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 Ethics.

Yes

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

lame 1/70/S

Page Z of 10

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.

			AMERICAN MEMORIAL LIFE INSURANCE	V VSEP	UNLU VSEP		U.S. CIVIL RIGHTS COMMISSION	UNIV. OF NEVADA - LAS VEGAS	UNIV. OF NEWATH - LAS VEGAS	Harris County, Texas Public Schools	Examples. XYZ Trade Association, Chicago, IL (Rec'd December 2)	-	XYZ Corporation, Houston, TX	Source (include date of lecelpt of Horiorana)	Course (include date of respire for homewrip)
			SPOUSE ANNUITY CASH OUT	SPOUSE RETIREMENT	RETIREMENT BUY-OUT		SALARY	SPOUSE SALARY	SALARY	Spouse Salary	Honorarium	Director's Fee	Salary	ishe	Type
			NA	0	0		0	NA	0	NA	0	\$400	\$6,300	Current Year to Filing	Amo
			0	NA	121,337	•	22,278.50	NA	£26'E5#	NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount

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ii.		PRUI	AMGE.	TIA	TIARA		DC Examples:		ror retail or orner real provide a complete add provide a complete add provide are ownership interest that is not publicly tradict ness, the nature of its location in Block A.  Exclude: Your persons homes and vacation homes and vacation homes and vacation homes during the repoing \$5,000 or less in secounts; and any firderived from, a federal the Thrift Savings Plan.  If you so choose, you income source is that cent child (DC) or is joint the optional column on the optional colu	count and its	Asset and/or lidentify (a) each asset held to income with a fair market the end of the reporting reportable asset or sources more than \$200 in "unearne reportable asset or sources more than \$200 in "unearne provide complete names of (do not use ticker symbols). For all IRAs and other retire plans) that are self-directive have the power, even find; in the account that exceed for retirement accounts we provide only the name of
DSUKANCE	PRUDENTIAL LIKE	PRUDENTIAL LIKE INSURANCE	MEMOR!	A CREF RETREMENT QUALIFIED PLAN	CREF	1st Bani		SP Mega Corp. Stock	provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the 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 personal checking or savings secounts; 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 II requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.	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 eporting 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 plans) that are self-directed (i.e. plans in which you have the power, even if not exercised, to select the special movide only the name of the institution holding the
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							Royalties		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 "Tax-Deferred" 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.
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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Page 4

Continuation Sheet (if needed)

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Continuation Sheet (if needed)

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- UNIT INVEST. TRUSTS:			
18 # MW 45NI	×	*	<b>×</b>
2h1 # MNV GSNI	×	×	*
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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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UNEARNED"
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Page of 10

Continuation Sheet (if needed)

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HONEY WELL	GANKO·SMITH-KLING	YCRIZON	PROCTOR : GAMBLE	KRAFT KOODS	DOMINION RESOVECES	VIACOM INC.	COMCAST	WELLS FARGO	TRAVELERS Co.	SOUTHERN CO.	A.O. SMITH CORP	SEMPRA ENERGY	PHUANCLE WEST	<u>-</u>	Asset and/or Income Source	BLOCK A
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Continuation Sheet (if needed)

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page & of N

#### SCHEDULE III — LIABILITIES

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Name

Page / \$ of 10

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 ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

Date   Creditor   Creditor   Creditor   Date   Creditor   Creditor   A B C D E F G H D C D C D C D C D C D C D C D C D C D					
Date   Liability   Type of Liability   Type of Liability   Type of Liability   Type of Liability					SP, DC, JT
Mortgage on 123 Main Street, Dover, DE   \$10,001—   \$15,000   \$15,000   \$15,000   \$10,000   \$250,000   \$250,000   \$250,000   \$250,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$25,000,			NA	Example:   First Bank of Wilmington, DE	Creditor
\$10,001— > \$15,000 D \$15,000 C C \$100,000 T \$500,000 T \$5000,000 T \$5000				May 1998	Date Liability Incurred mo/year
\$15,000  \$15,001— \$50,001— \$100,000  \$100,001— \$250,001— \$500,000  \$500,000  \$1,000,001— \$1,000,000  \$1,000,001— \$5,000,001— \$25,000,000  \$25,000,0001— \$25,000,0001— \$25,000,0001— \$25,000,0001—					Type of Liability
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\$25,000,001—_					\$5,000,001
_ <del>   </del>					\$25,000,001—_
Over \$50,000,000					

#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

		NA	Position	and positions solely of an nonorary nature.
			Name of Organization	ature.

#### SCHEDULE V — AGREEMENTS

Name 11705 Page 10 of 10

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

Date	Parties To	Terms of Agreement
VESTED 1999	STATE OF NEVADA DEES	MONTH AT AGE 65
SINCE 1986	UNIV. OF NV. PRESS	ROYALTIES FOR BOOK PUB IN 1986; REPRINTED

# SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
MA	

GPO: 2012 72-584 (mac)